

Controlling chronic cough

This leaflet is about persistent (chronic) cough, and explains more about causes and treatment. If you have any further questions or concerns, or you have a persistent cough and a diagnosis of lung disease, please speak to your respiratory doctor, speech and language therapist (SLT) or respiratory physiotherapist for specialist advice.

What is chronic cough?

Chronic cough is a persistent cough **lasting eight weeks or more**. It can be accompanied by the following:

- a runny nose
- post-nasal drip (when mucous from the sinuses (nose) drips down your throat)
- throat irritation
- hoarse voice.

Chronic cough can lead to other problems including poor sleep, headaches, disordered breathing, exhaustion, depression, stress incontinence, and fear of being out in public.

What causes it?

The ear, nose and throat (ENT) doctor has examined your larynx (voice box) and checked that nothing is seriously wrong.

Once serious and more easily-diagnosed lung conditions have been excluded, the following are common conditions associated with chronic cough. In many cases, there may be more than one cause.

Post-nasal drip

As above, when excess mucous from your sinuses drips down the back of your throat.

Gastro-oesophageal reflux disease (GORD) and laryngopharyngeal reflux (LPR)

These happen when acid from your stomach passes upwards and irritates the back of the throat.

Infections

A cough can remain even after other symptoms of a cold, throat infection or chest infection have gone. Whooping cough (a bacterial infection of the lungs and airways) can also lead to chronic coughing.

Medications

Angiotensin-converting enzyme (ACE) inhibitors are commonly prescribed for high blood pressure and heart failure, and can cause a chronic cough in some people.

In many cases, there are no obvious causes. Some people have a very sensitive cough reflex which does not easily respond to treatment of accompanying conditions.

What happens when you cough?

When you cough, your vocal cords are struck together forcefully. The vocal cords may become irritated and this can cause more coughing. This can lead to the increased production of mucus which can trigger even more coughing, in a cycle which can be difficult to break.

The habit of coughing in response to minor throat irritation may worsen over time. Uncontrollable coughing can cause concern that something is seriously wrong. This can lead to anxiety and again further worsen the cough.

How is chronic cough treated?

The treatment of chronic cough will depend partly on what is thought to be the cause. You may be told to take one of the following medicines:

- antihistamines (allergy tablets)
- decongestants (to relieve blocked sinuses)
- inhaled asthma medications
- antibiotics (to treat bacterial infections)
- antacids (to weaken the acids in your stomach and help reduce reflux).

Also, specific cough suppressant medications might be used to dampen the underlying cough reflex.

If you take ACE inhibitors (for example, ramipril, enalapril, lisinopril, and others often prescribed for heart failure or blood pressure), this should always be swapped for another tablet which doesn't have coughing as a side effect.

If you have a cough that produces sputum or phlegm you may also be referred to a physiotherapist who will show you ways you can remove sputum using airway clearance techniques.

How to reduce the causes of coughing?

Try following the instructions below. If there is no change, or your coughing gets worse, speak to your health professional. They will be able to give you more information and advice.

- Avoid known allergens if relevant (for example pollen or animal fur)
- If you are a smoker, seriously try to quit (visit GP, pharmacist, or search NHS stop smoking services online)
- Reduce acid reflux by changing your diet and other lifestyle modifications (ask for a copy of the patient information leaflet on **Acid Reflux**)
- Keep a log of any identified triggers for your cough.

How to control your cough?

Try the following to decrease the sensitivity and irritation that has built up in your throat due to prolonged coughing:

- Sip water frequently throughout the day, sipping every 15 minutes to keep your throat moist. Aim to drink about 2 litres of water each day.
- Avoid caffeine and alcohol (which can dry the throat out).
- Try steam inhalation for 10-15 minutes (or as long as you can tolerate) every day. Place your head over a bowl of steaming water from the kettle, put a towel over your head and breathe in and out through your nose.

- Practice breathing in through your nose. Nasal breathing reduces the irritating effect of dry cold air on the throat.
- Avoid medicated cough lozenges as they can dry your throat out. Try sucking on non-medicated lozenges, chewing gum or honey which increase swallow frequency and can have a soothing effect.

The following strategies will help you suppress the cough by keeping the vocal cords apart. Practise them during the day (try to do 5 repetitions, 20 times a day) so you are ready to use them when you feel a cough coming on.

- Sniff in twice in quick succession, short and sharp (so you hear noisy air) then blow out gently through tightly pursed lips, with your shoulders relaxed. Don't push or strain from the throat.
- Tongue press – press the sides of your tongue to your top teeth holding for 3-5 seconds.

In time, you will learn to control the cough just before it starts. Ask your family and friends to help remind you if it would help.

Contact us

If you have any questions or concerns, please contact, the Speech and Language Therapy Department, **t:** 020 7188 6233, Monday to Friday, 9.30am-5pm, or the Respiratory Physiotherapy Department, **t:** 020 7188 5089, Monday to Friday, 8:30am-8pm.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

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