

Proposed Primary Care Approach to Assessing Adults with Chronic Cough

Primary Investigations

To aid in diagnosis and/or referral

- Consider duration of symptoms (chronic cough definition >8 weeks)
- Review Red Flags (see below)
- Review medical history, including potential triggers:
 - Smoking, ACE inhibitors, sitagliptin?
 - Occupational/environmental issues or travel exposure?
- Perform physical exam
- Complete chest radiograph



Work-up for potential underlying conditions (Reassess in 4-6 weeks at least)

Assess for and treat as needed (alone or in combination)

- Asthma**
 - Testing: Spirometry
 - Exploratory initial treatment per guidelines if indicated
- GERD**
 - Exploratory initial treatment per guidelines if indicated
- Consider initiating referral to secondary care while waiting for testing/treatment results
- Assess if treatment resolved chronic cough



While patient waits to be seen by specialist

To expedite future diagnosis

- Consider other potential causes / additional investigations
- Consider possibility of >1 cause
- Assess adherence to treatment of potential underlying conditions
- Re-evaluate patient for (subtle) symptoms
- Continue to support your patient through their journey

Red flags for more severe issues

- Hemoptysis
- Smoker >45 years with new cough, cough change or coexisting voice disturbance
- Age 55-80 years: 30 pack-year smoking history + current smoker or quit <15 years ago
- Prominent dyspnea, especially at rest or at night
- Hoarseness
- Systemic symptoms, including fever, weight loss, peripheral edema with weight gain
- Trouble swallowing while eating or drinking
- Vomiting
- Recurrent pneumonia
- Abnormal respiratory exam and/or chest radiograph coinciding with duration of cough

Other potential causes of chronic cough (often assessed in secondary care), including

- UACS
- NAEB
- Bronchiectasis

Additional investigations (depending on access to testing)

- 24-hour esophageal pH monitoring
- Endoscopic/videoendoscopic swallow evaluation
- Barium esophagram / modified barium swallow
- Sinus imaging
- HRCT
- Bronchoscopy
- Cardiac workup (ECG, Holter monitoring, Echo)
- Environmental / occupational assessment
- Uncommon causes?

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Adapted from 2018 ACCP Guidelines
Irwin RS et al. Chest 2018;153(1):196-209

ACE, angiotensin-converting enzyme; ECG, electrocardiogram; HRCT, high resolution computed tomography; GERD: gastro-esophageal reflux disease, NAEB: non-asthmatic eosinophilic bronchitis, UACS: upper airway cough syndrome, PNDS: post-nasal drip syndrome; UACS, upper airway cough syndrome