COUGH for concern?

Prof Philip Eng says that the commonest cause of seeing a doctor anywhere in the world is the cough. LiveWell speaks to him to find out how can you tell if you should see a doctor when you're coughing

Prof Philip Eng teaches respiratory medicine at NUS and at SGH, where he also served as the head of Respiratory Medicine from 1997 to 2007. From 2007 to 2008, he was also the director of clinical services with SingHealth.

With 24 years of experience, behind him, he has recently moved into private practice at Mt Elizabeth Medical Centre. We asked him when you have just cause to see a doctor for chronic cough.

LW: WHAT CAUSES COUGH?

Prof Eng: Cough is a very common symptom experienced by many people. Most of the time, this is due to a viral infection and will resolve within days. Most people would have had it at least once a year. The important thing in evaluating cough is the duration and whether it is associated with any sinister symptoms. Examples of sinister symptoms are chest pain, coughing of blood or breathing difficulty. In the presence of these symptoms, the approach is totally different.

LW: DOES IT MATTER IF THE COUGH IS CHRONIC?

Prof Eng: Chronic cough by definition is cough for more than 3 months. The commonest cause of chronic cough is chronic smoking. However, most people who smoke do not seek medical advice as they do not even realize themselves coughing.

Another cause of chronic cough is medication. Notoriously some medication for hypertension does cause a cough. In particular, the ACE Inhibitors, eg Captopril and Renitec do cause a cough in about 10% of people taking it. Most of the time, the cough is dry and not troublesome. Most of the coughs disappear within 3 months of drug cessation.

Yet another common cause of chronic cough is cough variant asthma. Typically the cough is worse with cold and cold drinks. This is asthma though the typical wheeze and breathlessness of asthma is uncommon. Diagnosis can be made in the laboratory using a methacholine challenge test. Treatment and prognosis is no different from classic asthma.

One important cause of chronic cough is reflux esophagitis. In this condition, gastric acid spills into the esophagus causing heartburn and chronic cough. Treatment is difficult as medication in standard doses eg Pantoprazole or Omeprazole may not work and sometimes, surgery is required. Avoidance of caffeine (cola drinks, chocolates, coffee) is important as they cause the lower esophageal sphincter to be incompetent, resulting in worsening of reflux.

The biggest concern in those with chronic cough is the likelihood of lung cancer. This risk is increased if the patient is a smoker, male, more than 40 years old and that cough is associated with blood streaks especially if the blood lasts more than 1 week. The first step in the evaluation of such a patient is a plain Chest X-ray. In the presence of a normal Chest X-ray, the chance of this being lung cancer is diminished but is not totally excluded.

LW: HOW WOULD YOU TREAT A COUGH, ONCE DANGEROUS CAUSES HAVE BEEN RULED OUT?

Prof Eng: Where the cough is bothersome, I prescribe Duro-Tuss. Cough medicines are generally divided into two groups, one is the opiate group, and Duro-Tuss falls into that group. Generally these act in the brain where they suppress the cough reflex. The second group are the ones that act on the local airway. They either thin the mucus, or they cause the airway to be less sensitive.

As a general principle, if a patient has unproductive and bothersome cough, you'll want to suppress it. If the cough is productive with lots of mucus, you want to thin the mucus and helps to cough it out.

That's the principle, but there's a lot of overlap. It is still more important to find the cause and treat that. **LW**