

Treatment of Unexplained Chronic Cough

CHEST Guideline and Expert Panel Report

Peter Gibson, MBBS; Gang Wang, MD, PhD; Lorcan McGarvey, MD; Anne E. Vertigan, PhD, MBA, BAppSc (SpPath); Kenneth W. Altman, MD, PhD; and Surinder S. Biring, MB ChB, MD; on behalf of the CHEST Expert Cough Panel

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e-Table 1.

COI Grid: Unexplained Chronic Cough						
	Peter Gibson, MBBS, Topic Editor	Gang Wang, MD, PhD	Lorcan McGarvey, MD	Anne E. Vertigan, PhD, MBA, BAppSc (SpPath)	Kenneth W. Altman, MD, PhD	Surinder S. Biring, MB ChB, MD
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Recommendation or Suggestion	Description of COI	Description of COI	Description of COI	Description of COI	Description of COI	Description of COI
1. In adult patients with chronic cough, we suggest that unexplained chronic cough be defined as a cough that persists longer than 8 weeks, and remains unexplained after investigation, and supervised therapeutic trial(s) conducted according to published best-practice guidelines (Ungraded Consensus-Based Statement).	None	None	None	None	None	None
2. In adult patients with chronic cough, we suggest that patients with chronic cough undergo a guideline /protocol based assessment process that includes objective testing for bronchial hyperresponsiveness and eosinophilic bronchitis, or a therapeutic corticosteroid trial (Ungraded Consensus-Based Statement).	None	None	None	None	None	None
3. In adult patients with unexplained chronic cough, we suggest a therapeutic trial of multimodality speech pathology therapy (Grade 2C).	None	None	None	None	None	None



<p>4. In adult patients with unexplained chronic cough and negative tests for bronchial hyperresponsiveness and eosinophilia (sputum eosinophils, exhaled nitric oxide), we suggest that inhaled corticosteroids not be prescribed (Grade 2B).</p>	None	None	<p>Served on advisory boards for Novartis in 2011 and GSK in 2009 and in 2011 in relation to novel compounds with potential role in treatment of cough. Served as Chairman of Mortality Adjudication Committee for UPLIFT and TIOSPIR, two Phase IV COPD clinical trials for Boehringer Ingelheim, in 2009, 2010 and 2011.</p>	None	None	None
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<p>5. In adult patients with unexplained chronic cough, we suggest a therapeutic trial of gabapentin as long as the potential side-effects and the risk-benefit profile are discussed with patients before use of the medication, and there is a reassessment of the risk-benefit profile at 6 months before continuing the drug (Grade 2C). Remarks: Because health-related quality of life of some patients can be so adversely impacted by their unexplained chronic cough, and because gabapentin has been associated with improvement in quality of life in a randomized controlled clinical trial, the CHEST Cough Expert Panel believes that the potential benefits in some patients outweigh the potential side-effects. With respect to dosing, patients without contraindications to Gabapentin can be prescribed a dose escalation schedule beginning at 300 mg once a day with additional doses being added each day as tolerated up to a maximum tolerable daily dose of 1800 mg a day in two divided doses.</p>	None	None	Served on advisory boards for Novartis in 2011 and GSK in 2009 and in 2011 in relation to novel compounds with potential role in treatment of cough. Served as Chairman of Mortality Adjudication Committee for UPLIFT and TIOSPIR, two Phase IV COPD clinical trials for Boehringer Ingelheim, in 2009, 2010 and 2011.	None	None	None
<p>6. In adult patients with unexplained chronic cough and a negative workup for acid gastroesophageal reflux disease, we suggest that proton pump inhibitor therapy not be prescribed (Grade 2C).</p>	None	None	None	None	None	None

Conflict of Interest Grid: This spreadsheet is used to keep track of which panelists have conflicts of interests relevant to which recommendations. It allows staff and panel leadership to prevent voting by conflicted panelists whose conflicts are being managed.