

Etiologies of Chronic Cough in Pediatric Cohorts

CHEST Guideline and Expert Panel Report

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e-Appendix 1.

Further details on Methods

For the CHEST cough guidelines, it was *a-priori* determined that the age cut-off for pediatric and adult components was 14-years. We used a standard method¹ as previously described by Vertigan et al:² "The methodology used by the CHEST Guideline Oversight Committee to select the Expert Cough Panel Chair and the international panel of experts, perform the synthesis of the evidence and develop the recommendations and suggestions has been published.¹¹³ Key questions and parameters of eligibility were developed for this topic. Existing guidelines, systematic reviews, and primary studies were assessed for relevance and quality, and were used to support the evidence-based graded recommendations or suggestions. A highly structured consensus-based Delphi approach was employed to provide expert advice on all guidance statements. The total number of eligible voters for each guideline statement varied based on the number of managed individuals recused from voting on any particular statements because of their potential conflicts of interest. Transparency of process was documented. Further details of the methods have been published elsewhere.¹¹³ Consistent with recent recommendations from the Institute of Medicine, the Panel conducted a comprehensive, systematic review of the literature to provide the evidence base for this quideline". During the Delphi approach, those with a 'conflict of interest' are requested not to vote.

Guideline Framework

As previously described,² "the ACCP has adopted the GRADE framework (The Grading of Recommendations Assessment, Development and Evaluation). This framework separates the process of rating the quality of evidence from that of determining the strength of recommendation. The quality of evidence is based on the five domains of risk of bias, inconsistency, indirectness, reporting bias and imprecision. The quality of evidence (i.e., the confidence in estimates) is rated as high (A), moderate (B), low or very low (C). The strength of recommendation is determined based on the quality of evidence, balance of benefits and harms, patients' values and preferences and availability of resources. Recommendations can be strong or weak". The framework used included consumer or patient input as part of the Delphi approach.



Key Clinical Questions and PIRT / Study Selection Criteria

Key question (KQ) 1: In children with chronic (>4 weeks) cough, are the common etiology different from adults?

Study Characteristic	Inclusion Criteria	Exclusion Criteria
Patient Population	HumansChildren with chronic cough (> 4 weeks)	Adults (aged >14 years)
Index Test	Etiologies of chronic cough	None
Comparator	Etiology of cough in adults (in published reviews)	None
Target Condition	Chronic Cough	Known bronchiectasis or cystic fibrosis
Timing	Timing not limited	None
Setting	Inpatient and outpatient	None
Study design	Evaluation studiesCase series	Not a clinical study (e.g., editorial, non-systematic review, letter to the editor)
Publications	 English-language only Peer-reviewed articles Relevant systematic review, meta-analysis, or methods article (used only for background and as potential sources of additional relevant material) 	 Non-English-language publications Case studies Review papers published before 2000 Series reporting or focusing on single etiology only

KQ2: In children with chronic (>4 weeks) cough, are the common etiology age and/or setting dependent

Study Characteristic	Inclusion Criteria	Exclusion Criteria
Patient Population	HumansChildren with chronic cough	Adults (aged >14 years)
Index Test	AgeSetting (e.g. primary, secondary, country)	None
Comparator	Different ages and settings using same methods	None
Target Condition	Chronic cough	Known bronchiectasis or cystic fibrosis
Timing	Timing not limited	None
Setting	Inpatient and outpatient	None
Study design	Evaluation studiescase series	Not a clinical study (e.g., editorial, non-systematic review, letter to the editor)
Publications	 English-language only Peer-reviewed articles Relevant systematic review, meta-analysis, or methods article (used only for background and as potential sources of additional relevant material) 	 Non-English-language publications Case studies Review papers published before 2000 Series reporting or focusing on single etiology only



KQ1 and KQ2 were combined in the search as, advised by the librarians (Nancy Harger, MLS and Judy Nordberg, MLS), the broad concepts of child, chronic cough, and etiology from KQ1 will be contained in KQ2 as well. Search undertaken on 9th Jan 2016

PubMed:

BASE SEARCH

((("Cough/diagnosis"[Mesh] OR "Cough/etiology"[Mesh]) AND chronic) OR chronic cough[tiab] OR idiopathic cough OR "refractory cough" OR (unresponsive[tiab] AND cough[tiab]) OR "intractable cough" OR "psychogenic cough" OR (unresolved[tiab] AND cough[tiab]) OR "unexplained cough" OR "persistent cough" OR (chronic disease[mh] AND cough) OR "pediatric cough" OR "pediatric chronic cough") AND (etiology OR etiologies OR cause OR causality OR risk factors[mh] OR risk factor*[tiab])

Results: 4188

Base search with Limits: article type, English, All Child, Humans

((("Cough/diagnosis"[Mesh] OR "Cough/etiology"[Mesh]) AND chronic) OR chronic cough[tiab] OR idiopathic cough OR "refractory cough" OR (unresponsive[tiab] AND cough[tiab]) OR "intractable cough" OR "psychogenic cough" OR (unresolved[tiab] AND cough[tiab]) OR "unexplained cough" OR "persistent cough" OR (chronic disease[mh] AND cough) OR "pediatric cough" OR "pediatric chronic cough") AND (etiology OR etiologies OR cause OR causality OR risk factors[mh] OR risk factor*[tiab]) NOT (editorial[pt] OR comment[pt] OR letter[pt]) Filters: Case Reports; Clinical Conference; Clinical Study; Clinical Trial; Clinical Trial, Phase I; Clinical Trial, Phase II; Clinical Trial, Phase III; Clinical Trial, Phase IV; Comparative Study; Consensus Development Conference; Consensus Development Conference, NIH; Controlled Clinical Trial; Evaluation Studies; Guideline; Multicenter Study; Observational Study; Practice Guideline; Randomized Controlled Trial; Research Support, American Recovery and Reinvestment Act; Research Support, N.I.H., Extramural; Research Support, N.I.H., Intramural; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, Non-P.H.S.; Research Support, U.S. Gov't, P.H.S.; Research Support, U.S. Government; Validation Studies; Humans; English; Child: birth-18 years

Results: 557 plus 36 recent articles

SCOPUS: search adapted for Scopus

TITLE-ABS-KEY(("chronic cough" OR "idiopathic cough" OR "refractory cough" OR (unresponsive AND cough) OR "intractable cough" OR "psychogenic cough" OR (unresolved AND cough) OR "unexplained cough" OR "persistent cough" OR ("chronic disease" AND cough) OR "pediatric cough" OR "pediatric cough") AND (etiology OR etiologies OR cause OR causality OR "risk factors") AND (child OR



children OR infant OR newborn OR preschool OR adolescent OR toddler OR neonate OR pediatric)) AND (LIMIT-TO(LANGUAGE, "English")) AND (LIMIT-TO(DOCTYPE, "ar") OR LIMIT-TO(DOCTYPE, "re") OR LIMIT-TO(DOCTYPE, "ip"))

Results: 583 deduped in ENDNOTE library with PubMed: 364

Web of Science:

TOPIC: (("chronic cough" OR "idiopathic cough" OR "refractory cough" OR (unresponsive AND cough) OR "intractable cough" OR "psychogenic cough" OR (unresolved AND cough) OR "unexplained cough" OR "persistent cough" OR ("chronic disease" AND cough) OR "pediatric cough" OR "pediatric chronic cough") AND (etiology OR etiologies OR cause OR causality OR "risk factors") AND (child OR children OR infant OR newborn OR preschool OR adolescent OR toddler OR neonate OR pediatric))

Refined by: DOCUMENT TYPES: (ARTICLE OR PROCEEDINGS PAPER OR REVIEW OR MEETING ABSTRACT) AND LANGUAGES: (ENGLISH)

Timespan: All years. **Indexes:** SCI-EXPANDED, SSCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC.

Results: 316 then deduped in ENDNOTE library: 151

Cochrane Central Register

Used Scopus search string

Results: 12

(Total for KQ1/2: 557+ 36 + 364 + 151 + 12 = 1120)

See table in main text for included studies.



Key question 3: Is OSA an etiology of chronic cough in children? If so, when should OSA be considered a cause of chronic cough in children

Study Characteristic	Inclusion Criteria	Exclusion Criteria
Patient Population	HumansChildren with chronic cough	Adults (aged >14 years)
Index Test	Obstructive sleep apnea (OSA)	None
Comparator	Conditions other than OSA	None
Target Condition	Chronic cough	None
Timing	Timing not limited	None
Setting	Inpatient and outpatient	None
Study design	Evaluation studiesCase series	Not a clinical study (e.g., editorial, non-systematic review, letter to the editor)
Publications	 English-language only Peer-reviewed articles Relevant systematic review, meta-analysis, or methods article (used only for background and as potential sources of additional relevant material) 	Non-English-language publications

Search date: original search on July 2015 (repeat search on Pubmed only in Oct 2016 found no additional articles)

PubMed

(sleep apnea, obstructive[mh] OR obstructive sleep apnea[tiab] OR sleep apnea[tiab] OR OSA[tiab] OR (hypopnoea AND sleep) OR (apnoea AND sleep)) AND ("chronic cough" OR "idiopathic cough" OR "refractory cough" OR "unresponsive cough" OR "intractable cough" OR "psychogenic cough" OR "unresolved cough" OR "unexplained cough" OR "productive cough" OR (cough AND chronic disease[mh])) Filter English

Results: 38



Web of Science

(("obstructive sleep apnea" OR "sleep apnea" OR OSA OR "sleep hypopnoea" OR "sleep apnoea") AND ("chronic cough" OR "idiopathic cough" OR "refractory cough" OR "unresponsive cough" OR "intractable cough" OR "psychogenic cough" OR "unresolved cough" OR "unexplained cough" OR "productive cough" OR (cough AND chronic disease))) AND (pediatric OR paediatric OR child OR children OR infant OR neonate OR toddler OR preschool OR adolescent)

Results: 9

After deduplication against "All References" in EndNote, Results = 4

SCOPUS

TITLE-ABS-KEY(("obstructive sleep apnea" OR "sleep apnea" OR OSA OR "sleep hypopnoea" OR "sleep apnoea") AND ("chronic cough" OR "idiopathic cough" OR "refractory cough" OR "unresponsive cough" OR "intractable cough" OR "psychogenic cough" OR "unresolved cough" OR "unexplained cough" OR "productive cough" OR (cough AND chronic disease))) AND (pediatric OR paediatric OR child OR children OR infant OR neonate OR toddler OR preschool OR adolescent) AND (human OR humans) AND (LIMIT-TO(LANGUAGE, "English"))

Results: 46

After deduplication against "All References" in EndNote, Results = 30

CENTRAL (Cochrane)

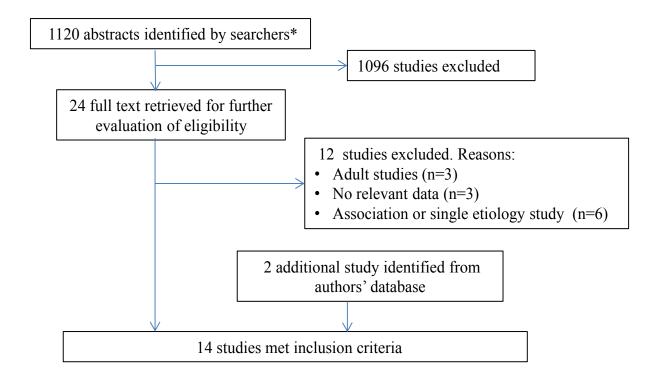
Results: 0

(Total KQ3: 38 + 4 + 30 = 72)

e-Figure 1

Selection of studies for key questions

- 1. In children with chronic (>4 weeks) cough, are the common etiology different from adults?
- 2. In children with chronic (>4 weeks) cough, are the common etiology age and/or setting dependent?

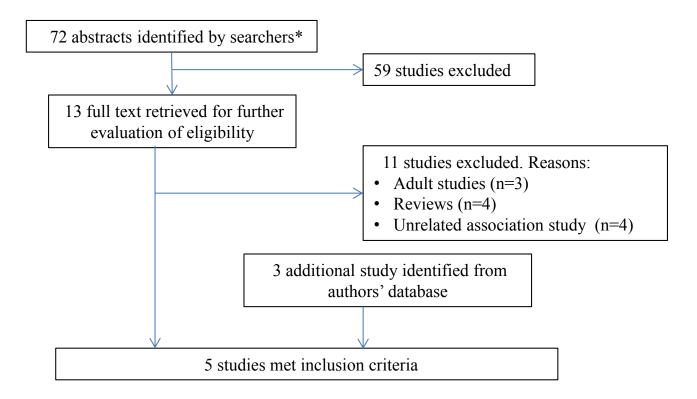


*Searchers were undertaken by Nancy Harger, MLS and Judy Nordberg, MLS, Education and Clinical Services Librarians working in the University of Massachusetts Medical School Library in Worcester, MA

Duplication removed by librarians

e-Figure 2

Selection of studies for key question 3 - Is OSA an etiology of chronic cough in children? If so, when should OSA be considered a cause of chronic cough in children



*Searchers were undertaken by Nancy Harger, MLS and Judy Nordberg, MLS, Education and Clinical Services Librarians working in the University of Massachusetts Medical School Library in Worcester, MA

Duplication removed by librarians



References

- Lewis SZ, Diekemper RL, French CT et al. Methodologies for the development of the management of cough: CHEST guideline and expert panel report. Chest 2014; 146(5):1395-1402.
- Vertigan AE, Murad MH, Pringsheim T et al. Somatic Cough Syndrome (previously referred to as psychogenic cough) and Tic Cough (previously referred to as habit cough) in Adults and Children: Chest Guideline and Expert Panel Report. Chest 2015; 148(1):24-31.
- Irwin RS, French CT, Lewis SZ et al. Overview of the management of cough: CHEST Guideline and Expert Panel Report. Chest 2014; 146(4):885-889.