

Non-respiratory cause;
onward referral
as appropriate

CHRONIC COUGH (Adult with non-productive cough > 8 weeks)

ALL PATIENTS REQUIRE
SPIROMETRY (and reversibility if
obstructive pattern)

Thorough history and examination
(nose, sinuses, throat, chest, abdomen,
reflux symptoms)

- LCQ (Leicester Cough) Questionnaire
- Offer **smoking** cessation
- **Weight** management
- Stop ACEi (use ARBs)
- Avoidance/removal of precipitants

Normal CXR and
examination

CHEST
X RAY

Abnormal CXR and/or
examination

Red flags
(Weight loss, hemoptysis, smoker,
asbestos exposure etc)

Suspicious for
malignancy?

Chronic cardio-
respiratory
condition?

Consider

2 week wait
referral

Consider
HR Chest CT
+/- ECHO

Consider
secondary care
referral

**Asthma
cough syndrome**

**Reflux
cough syndrome**

**Upper airway
cough syndrome**

- Classic asthma
- Cough Variant asthma
- Eosinophilic bronchitis
- Consider FBC (*↑ eosinophils may add support to diagnosis*)
- Spirometry and reversibility may add support to diagnosis
- Consider therapeutic trial:
Prednisolone 40mg od (2 weeks)
OR
Low dose ICS for 6-8 weeks (see BNSSG asthma guidelines)
AND/OR
Montelukast 10mg nocte (4 weeks)

- Clinical history supported by Hull airway reflux questionnaire (score > 13)**
- Review need for medication that exacerbates reflux (e.g. bisphosphonates, CCB's)
 - Lifestyle and weight loss advice
 - Consider therapeutic trial:
Omeprazole 20mg BD (4 weeks)
+/- Peptac liquid or Gaviscon OTC preparation

- Clinical history**
- Consider therapeutic trial:
Beclomethasone nasal spray 100mcg BD, 6 weeks
+/-
Oral antihistamine
e.g. cetirizine 10mg OD, 6 weeks
+/-
Nasal douching (e.g. Neil Med, Sterimar – OTC purchase only)
 - Consider ENT referral for persistent symptoms

- Patients may have multifactorial cough and may benefit from **more than one** treatment
- Offer Cough Patient information leaflet
- Repeat LCQ (Leicester Cough Questionnaire) score to assess response

Improvement

No improvement
despite therapy trials

Continue for 3/12 then review need for
ongoing treatment

Consider Chronic Refractory Cough Syndrome

- Consider CT chest (rule out unlikely possibility of underlying pathology)
 - Emphasise to patient that specific cause may not be found
 - Consider referral for involvement in cough research studies
 - Consider referral to respiratory specialist who may:
 - undertake onward referral to SaLT/Physio
 - trial pharmacological cough suppression
- Please complete cough referral checklist (appendix E)