

Service:
Respiratory

Chronic cough



This leaflet is about persistent (chronic) cough, and explains more about causes and treatment.

If you have any further questions or concerns, or you have a persistent cough and a diagnosis of lung disease, please speak to your respiratory doctor or respiratory physiotherapist for specialist advice.

What is chronic cough?

Chronic cough is a persistent cough **lasting eight weeks or more**. Many report it to be a dry cough with an irritation or tickling sensation; this is quite common but can be distressing. The cough can be triggered by talking, laughing, certain strong smells/irritants and/or changes in temperature.

Chronic cough can lead to other problems including poor sleep, headaches, disordered breathing, exhaustion, depression, stress incontinence, and fear of being out in public.

What causes chronic cough?

The following are some of the common conditions associated with chronic cough. In many cases, there may be more than one cause.

Gastro-oesophageal reflux disease (GORD) and laryngopharyngeal reflux (LPR): Acid from your stomach rises up the oesophagus and tips over onto the vocal cords irritating the back of the throat.

Post-nasal drip: Excess mucous from your nose/sinuses drips down the back of your throat.

Asthma: Cough variant asthma can present with cough as the main symptom.

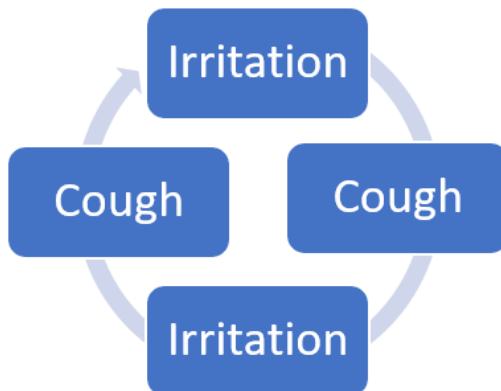
Infections: A cough can remain even after other symptoms of a cold, throat infection or chest infection have gone.

Medications: Angiotensin-converting enzyme (ACE) inhibitors are commonly prescribed for high blood pressure and heart failure and can cause a chronic cough as a side effect in some people.

In some cases, there is no obvious cause. Some people have a very sensitive cough reflex which does not easily respond to treatment of accompanying conditions.

What happens when you cough?

When you cough, your vocal cords are struck together forcefully. The vocal cords may become irritated and this can cause more coughing. This can lead to the increased production of mucus which can trigger even more coughing, in a **cycle** which can be difficult to break. The habit of coughing in response to minor throat irritation may worsen over time.



How is chronic cough treated?

The treatment of chronic cough will depend partly on what is thought to be the cause.

Important first steps in controlling the cough include:

- Stop smoking (visit GP, pharmacist, or search NHS stop smoking services online)
- Reduce acid reflux by changing your diet and other lifestyle modifications
- Allergen avoidance: Keep a log of any identified triggers for your cough

You may be advised to take one of the following medicines:

- inhaled asthma medications
- antibiotics (to treat bacterial infections)
- antacids (to weaken the acids in your stomach and help reduce reflux)
- decongestants (to relieve blocked sinuses)
- specific cough suppressant medications might be used to dampen the underlying cough reflex.

If you take ACE inhibitors (for example, ramipril) this should always be swapped for another tablet which doesn't have coughing as a side effect wherever possible.

If you have a cough that produces sputum or phlegm you may also be referred to a physiotherapist who will show you ways you can remove sputum using airway clearance techniques.

How to control your cough?

The first step is to identify any sensations that come from the throat right before the episode starts. It may be a tickle or scratchy sensation.

1. As soon as you experience the sensation above, try the ‘**hold, blow, sip, swallow**’ technique:

- **Hold** your breath for the count of five
- **Blow** the air out of your mouth through pursed lips (as if blowing out candles)
- **Sip** some water
- **Swallow** whilst your chin is tucked down towards your chest

2. Other strategies you could try:

- Sniff in twice in quick succession, short and sharp (so you hear noisy air) then blow out gently through tightly pursed lips, with your shoulders relaxed. Don’t push or strain from the throat.
- Tongue press – press the sides of your tongue to your top teeth holding for 3-5 seconds.

3. The following strategies may decrease the sensitivity and irritation that has built up in your throat due to prolonged coughing.

- Sip water frequently throughout the day, sipping every 15 minutes to keep your throat moist. Aim to drink about 2 litres of water each day.
- Avoid caffeine and alcohol (which can dry the throat out).
- Try steam inhalation for 10-15 minutes (or as long as you can tolerate) every day. Place your head over a bowl of steaming water from the kettle, put a towel over your head and breathe in and out through your nose.


- Practice breathing in through your nose. Nasal breathing reduces the irritating effect of dry cold air on the throat.
- Avoid medicated cough lozenges as they can dry your throat out. Try sucking on non-medicated lozenges, chewing gum or honey which increase swallow frequency and can have a soothing effect.

It is important to recognise there is no 'quick fix'. You will need to practice the techniques that work best for you regularly when you are not coughing, little and often, so you are ready to use them when you feel a cough coming on. In time you will learn to control the cough before it starts.

**PATIENT
APPROVED** 

How to contact us:

 **Respiratory department**
Brunel building
Southmead Hospital
Westbury-on-trym
Bristol
BS10 5NB

 **Respiratory department:**
0117 414 5400
Mon-Fri, 8am-4pm

 **RespiratoryAdmin@nbt.nhs.uk**

 **www.nbt.nhs.uk/**

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

© North Bristol NHS Trust. This edition published July 2021. Review due July 2023. NBT003406

Take Part
Be Involved
in research

Research is everyone's business

Learn more about the wide range of research that takes place here every day.

www.nbt.nhs.uk/research

Support your local
hospital charity



**Southmead
Hospital Charity**

www.southmeadhospitalcharity.org.uk