

EXPLORE COMMON CLINICAL PRESENTATIONS OF

CHRONIC COUGH,

A COUGH THAT PERSISTS >8 WEEKS^{1,2}



HYPOTHETICAL PATIENT



Men and women are affected, but patients are typically females in their 50s³



Nonproductive cough that can last months or years³



Cough triggered by nontussive stimuli, such as cold air, singing/talking, and fatigue/stress or smaller amounts of known cough-inducing stimuli^{4,5}



These responses to stimuli (allotussia and hypertussia) can sometimes trigger an uncontrollable bout of coughing⁵

These common characteristics suggest a distinct clinical entity in patients with chronic cough^{5,6}

WHAT PATIENTS MAY EXPERIENCE

COUGH HYPERSENSITIVITY IS A COMMON CHARACTERISTIC IN PATIENTS WITH CHRONIC COUGH AND INCLUDES^{4,5,7}:



ALLOTUSSIA, a hypersensitive response triggered by nontussive stimuli not normally sufficient to cause cough, such as cold air, singing or talking, and fatigue or stress



HYPERTUSSIA, another form of cough hypersensitivity, which can be characterized as a cough triggered by smaller amounts of known cough-inducing stimuli

WHAT MAY BE IMPACTED

PATIENTS WITH CHRONIC COUGH MAY FACE PHYSICAL, PSYCHOLOGICAL, AND SOCIAL HEALTH-RELATED QUALITY OF LIFE (HRQoL) IMPACT^{3,8}:

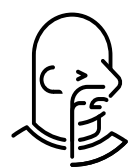


SOME PATIENTS MAY EXPERIENCE:

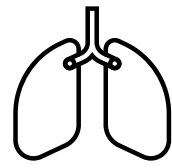
- Dizziness⁹
- Headaches⁹
- Depressive feelings¹⁰
- Speech interruptions^{11,12}
- Sleep disruptions^{9,12}
- Stress urinary incontinence⁹
- Disruptions in social interactions and recreational activities^{11,12}
- Exhaustion¹¹

WHAT ARE SOME COMMON UNDERLYING CONDITIONS?

SOME UNDERLYING CONDITIONS THAT PATIENTS WITH CHRONIC COUGH MAY EXPERIENCE^{1,5}:



- Postnasal drip/upper airway cough syndrome (**UACS**) secondary to rhinosinus diseases



- **Asthma**
- Nonasthmatic eosinophilic bronchitis (**NAEB**)



- Gastroesophageal reflux disease (**GERD**)

WHAT WE CONSIDER NEXT

CHRONIC COUGH CAN PERSIST DESPITE THOROUGH INVESTIGATION AND/OR APPROPRIATE TREATMENT OF POTENTIAL UNDERLYING CONDITIONS. CONSIDER A DIAGNOSIS OF^{1,13}:

REFRACTORY CHRONIC COUGH

a chronic cough that persists, despite appropriate treatment for an underlying condition(s)

OR

UNEXPLAINED CHRONIC COUGH

a chronic cough with no underlying etiology identified, despite a thorough diagnostic workup

THIS INFORMATION MAY HELP IN IDENTIFYING PATIENTS WITH REFRACTORY OR UNEXPLAINED CHRONIC COUGH^{1,4,5,13}

1. Irwin RS et al. *Chest*. 2018;153:196-209. 2. Morice AH et al. *Eur Respir J*. 2020;55:1901136. 3. Satia I et al. *Clin Med (Lond)*. 2016;16(Suppl 6):S92-S97. 4. Song WJ, Chang YS. *Clin Transl Allergy*. 2015;5:24. 5. Mazzone SB et al. *Lancet Respir Med*. 2018;6:636-646. 6. Morice AH et al. *Eur Respir J*. 2014;44:1149-1155. 7. Roe NA et al. *Curr Otorhinolaryngol Rep*. 2019;7:116-128. 8. Gibson PG. *J Allergy Clin Immunol Pract*. 2019;7:1724-1729. 9. Mayo Clinic Staff. Mayo Clinic website. Accessed April 16, 2021. <https://www.mayoclinic.org/diseases-conditions/chronic-cough/symptoms-causes/syc-20351575> 10. Dicipinigaitis PV et al. *Chest*. 2006;130:1839-1843. 11. French CL et al. *Arch Intern Med*. 1998;158:1657-1661. 12. Kuzniar TJ et al. *Mayo Clin Proc*. 2007;82:56-60. 13. Gibson P et al. *Chest*. 2016;149:27-44.