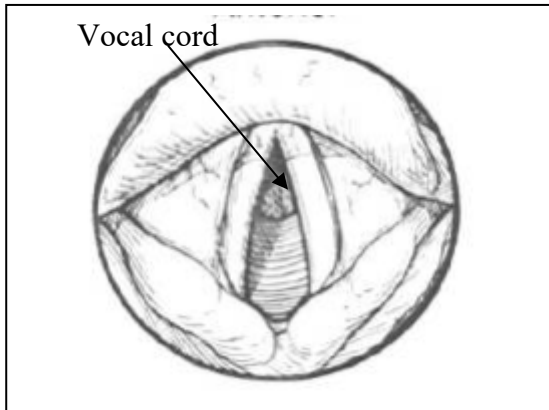
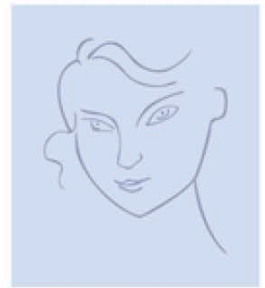


Chronic cough



A cough protects your lungs from foreign material, food and secretion and helps clear infections. This reflex is triggered by nerves in your respiratory tract in response to an irritant (smoke, acid, perfume etc). If a cough lasts for more than 8 weeks it becomes *chronic*. Chronic cough is more common in females as their reflex is more sensitive. A chronic cough can become exhausting, upsetting your sleep and being very antisocial.



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If the underlying cause of your cough is treated, the cough will usually disappear although it may take some time. It can be difficult to immediately pinpoint the cause of your chronic cough but common causes include: smoking, postnasal drip, asthma (it may be the only symptom), acid reflux and medications. Diseases in the lungs may also present with cough including bronchitis (due to smoking), bronchiectasis (lung damage after an infection) or, rarely, lung cancer. Your GP may order a chest Xray and other tests to rule out a lung-related cause of your cough.

DIAGNOSIS (HOW TO TELL WHAT IS WRONG)

Dr Iseli will check your nasal passages and voice box with a flexible telescope to check for sinus infection or nasal drainage and rule out a rare or serious cause for your cough (eg tumor, vocal cord palsy).

SIMPLE TREATMENTS

Depending on the suspected cause of your cough, a trial of therapy may be recommended. All patients with chronic cough should:

- Avoid upper respiratory infections during cold and flu season. Use good hygienic practices such as hand washing, and avoiding people with respiratory illnesses and crowded close quarters.
- Quit smoking and avoid passive smoke.
- Drink plenty of water and use a humidifier when using your voice frequently

POST NASAL DRIP

Initial treatment of swelling and sinusitis includes control of allergies and inflammation to improve the nasal airflow and drainage of the sinuses.

- saline spray- use saline wash (see below) three times a day
- nasal cortisone spray (eg rhinocort, nasonex) 2 sprays each side daily for 6 weeks (Note that these sprays take approx 2 weeks of regular use to work and 6 weeks for maximal effect). Spray these directed toward the ear lobe on each side to avoid irritating the septum, which can cause nose bleeds.
- antibiotics are recommended for infections lasting >7-10 days with high temperatures (>38.5 degrees Celsius) and discoloured (green) drainage
- antihistamines (try fexofenadine 180mg/ day if you prefer wakefulness in the morning or cetirizine 10mg/ day at night if you prefer light sedation). These should work immediately and can be used as needed
- decongestants (sprays or tablets) should NOT be used beyond 3 days as they may cause worse nasal swelling and high blood pressure with prolonged use.

SALINE IRRIGATIONS.

Saline irrigations should ideally be performed on both sides 3x/day. Purchase a Sinus Rinse (Neilmed®) or similar irrigating bottle that may be easily refilled from the chemist. Saline may be purchased or made at home using the following formula:

- 1 teaspoon non-iodized salt (sea salt or cooking salt)
- 1 teaspoon baking soda
- 360mL water

Heat in microwave for 20-30 seconds (until comfortable to drip on hand).

Lean over sink or basin and gently place tip of bottle 1 cm into nostril.

While panting and tilting head over sink, instill ½ bottle into each nostril.

Gently blow nose without blocking nostrils.

Repeat if nose still feels crusted.

Wash bottle after each use with warm soapy water. Store in clean cup with tip down.

Once a week wash bottle with vinegar to prevent bacterial growth.

You may notice some dripping during the day when you tilt your head down.

Do not use saline 24 hours before a CT scan (it may cause an appearance like a sinus infection).

ACID REFLUX

Medication with strong antacid action (eg pantoprazole) is effective but usually requires twice daily, high dose treatment continuously for FOUR months to break the cycle of inflammation and irritation. Even one acid event may be enough to continue the cycle. Usually treatment is continued for 4-6 months after resolution of symptoms.

NON DRUG REDUCTION OF ACID REFLUX

Although medication is effective, your GP may help you with a number of measures that can reduce acid regurgitation and improve your long term health:

- Weight loss to an ideal weight
- Stop smoking
- Avoid large meals within 2 hours of sleeping
- Reduction of caffeine, fatty foods and alcohol
- Elevation of the bed head by 10-15cm
- Avoid tight fitting clothes around the abdomen

ASTHMA

Inhaled medication (eg seretide) has a combination effect of opening your airways (bronchodilator) and preventing airways reactivity (corticosteroids). You should notice an effect quite quickly (in <1 month of regular use). Long term, you should be on the lowest dose of corticosteroids that is required to control your symptoms due to the risk of osteoporosis, cataract formation and exacerbating diabetes. See your GP about reducing your corticosteroid dose.

SEE DR ISELI AGAIN IF:

- There is difficulty breathing or swallowing.
- You develop a temperature greater than 38° C may indicate the presence of a bacterial infection, which may require an antibiotic.
- There is bleeding from the throat.
- There are large, tender lumps (“swollen glands”) in the neck.



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