

For the Patient

The full report is titled “Can clinical characteristics differentiate patients with unexplained chronic cough from patients with asthma and COPD?” by Umesh Singh and Jonathan A. Bernstein. The report appears in the Mar-Apr 2023 volume 44, issue 2 of *Allergy Asthma Proceedings* (volume 44, pages 90–99).

For the Patient is provided to physicians so that the patients can better understand the language of modern medicine.

For the Patient is written by the editors (Bellanti, JA and Settignano, RA) and provided to practitioners so that patients can better understand the usefulness of new information resulting from medical research.

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Chronic cough: Differentiating unknown causes from asthma/COPD

Chronic cough is a common concern and a frequent cause of office visits where its diagnosis and management can be difficult. Chronic cough is reported in up to 20% of the adult population and often persists despite medical treatment with currently available therapies. The most common causes of chronic cough are postnasal drip, asthma, and acid reflux from the stomach. Together, these three causes are responsible for up to 90% of all cases. Unknown causes of chronic cough (UCC) must be differentiated from other causes, including asthma and COPD (A/COPD) before making a UCC diagnosis. Singh and Bernstein, from the Division of Immunology/Allergy Section of the Department of Internal Medicine, University of Cincinnati College of Medicine, reviewed a large hospital dataset to compare clinical features of patients with UCC to those with A/COPD to help clinicians differentiate between these conditions more readily.

Why Did the Researchers Do This Particular Study?

The authors conducted this research to identify the clinical features of chronic cough that may help to identify the cause.

Who or What Was Studied?

Patients with UCC and those with A/COPD were 8304 and 93,708, respectively, and the number of cough-related encounters for the UCC and A/COPD groups were 70,059 and 140,293,936, respectively.

What Did the Researchers Find?

The average interval between successive encounters was less for the UCC group (43 days) versus the A/COPD group (288 days), and pulmonary function studies were significantly higher in UCC versus A/COPD, whereas the response to bronchodilators was significantly greater in patients with A/COPD.

What Were the Limitations of the Study?

Limitations of this study include findings from a single center and limitations of sample sizes.

What Are the Implications of the Study?

Chronic cough remains a common but poorly evaluated condition. The present study provides new findings and clinical characteristics that differentiate UCC from A/COPD that could accelerate the recognition of UCC and differentiate UCC from patients with A/COPD. □