COUGH IN ADULTS

Symptoms: May present as dry (tickle in the throat or chest with no phlegm production) or a productive cough (phlegm production which is removed by the action of coughing). An acute cough lasting less than 3 weeks is most commonly caused by a viral upper respiratory tract infection (URTI) due to a cold and as such may have accompanying symptoms. Chronic coughs lasting more than 8 weeks are common in smokers and may suggest an underlying lung problem, non respiratory conditions or environmental factors. They may also result from any medication taken.

For more information:

NHS Choices

(http://www.nhs.uk/conditions/cough/pages/introduction.aspx)

CKS guidelines

(http://cks.nice.org.uk/cough#!s cenariorecommendation:2)



Pharmacist should refer to a clinician if patient presents with any of the following Red Flags



- Coughing up blood on more than one occasion
- Coloured sputum i.e. pink , rust coloured
- **Duration** No sign of improvement after 3 4 weeks or continual worsening of symptoms
- Chest or Shoulder pain
- Breathlessness
- Unexplained weight loss Presenting over the previous 6 weeks

- •Voice changes Hoarseness lasting from more than 3 weeks or continuing after the cough has settled
- New lumps or swellings Located anywhere in the neck or above the collarbone
- Wheezing
- Recurrent night time cough
- Suspected reaction to medicine A number of medicines can result in a cough

Always follow WWHAM protocol and advise to read PIL before taking any medicine

Significant interactions/warnings

Cough suppressants / sedating antihistamines:

- MAOI's do not take at the same time or for 2 weeks after stopping MAOI
- Opioid analgesics /alcohol/hypnotics/sedatives enhanced sedative effect

Decongestants:

- •Antihypertensive antagonism of antihypertensive effect
- •MAOIs risk of hypertensive crisis. do not take at the same time or for 2 weeks after stopping MAOI

Paracetamol:

- Metoclopramide and domperidone increase speed of absorption
- Colestyramine reduces absorption
- Do not take with any other product that contains paracetamol

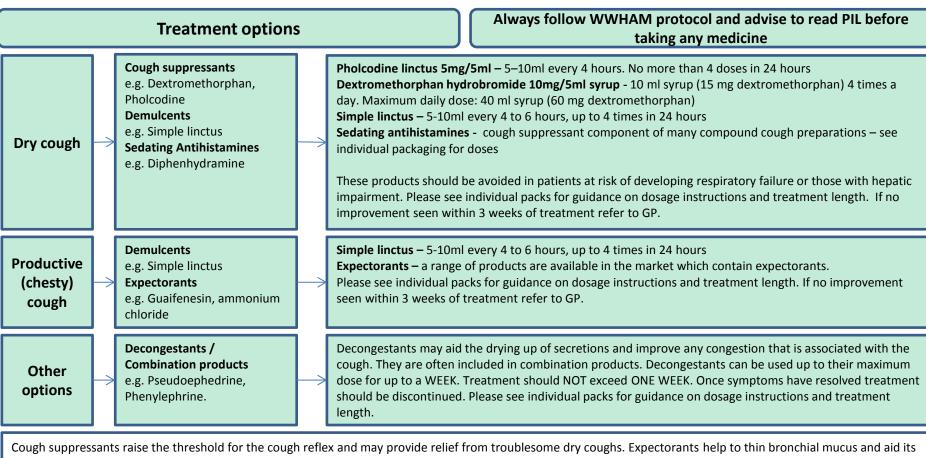
Ibuprofen:

- May exacerbate asthma
- Corticosteroids/anticoagulants can increase risk of GI ulceration or bleeding
- Warfarin may increase risk of bleeding
- Do not take with any other NSAIDs or if allergic to any NSAIDs

Please refer to the British National Formulary and individual product packaging for cautions and contra- indications

Self care advice...

- Avoid coughing by trying not to cough it may be possible to cough less often as the desire to cough may be influenced by the brain
- **Stop Smoking** smoking is one of the most common reasons for a chronic cough. By stopping or reducing smoking the cough will be improved and the patient will also improve other areas of their health.
- Hydration drink at least 6-9 glasses of water a day
- Sweets the act of sucking boiled sweets or lozenges may prevent cough symptoms
- No need for antibiotics unlikely to be helpful as majority of acute coughs result from viral infection



Cough suppressants raise the threshold for the cough reflex and may provide relief from troublesome dry coughs. Expectorants help to thin bronchial mucus and aid its removal from the lungs. **Combination Products**: OTC cough remedies can have a number of ingredients. It is important to ensure that the combinations are logical and to avoid duplication of active ingredients. Sales of pseudoephedrine are restricted to 720mg in one transaction.



Adequate self care advice and education is essential and should form the mainstay of treatment.

Paracetamol or ibuprofen may reduce pain associated with cough and accompanying symptoms such as sore throat, fevers and feeling unwell.