

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#iscenario recommendation: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

Treatment options

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

Dry cough

Cough suppressants
e.g. Dextromethorphan,
Pholcodine
Demulcents
e.g. Simple linctus
Sedating Antihistamines
e.g. Diphenhydramine

Pholcodine linctus 5mg/5ml – 5–10ml every 4 hours. No more than 4 doses in 24 hours
Dextromethorphan hydrobromide 10mg/5ml syrup - 10 ml syrup (15 mg dextromethorphan) 4 times a day. Maximum daily dose: 40 ml syrup (60 mg dextromethorphan)
Simple linctus – 5-10ml every 4 to 6 hours, up to 4 times in 24 hours
Sedating antihistamines - cough suppressant component of many compound cough preparations – see individual packaging for doses

These products should be avoided in patients at risk of developing respiratory failure or those with hepatic impairment. Please see individual packs for guidance on dosage instructions and treatment length. If no improvement seen within 3 weeks of treatment refer to GP.

Productive (chesty) cough

Demulcents
e.g. Simple linctus
Expectorants
e.g. Guaifenesin, ammonium chloride

Simple linctus – 5-10ml every 4 to 6 hours, up to 4 times in 24 hours
Expectorants – a range of products are available in the market which contain expectorants. Please see individual packs for guidance on dosage instructions and treatment length. If no improvement seen within 3 weeks of treatment refer to GP.

Other options

Decongestants / Combination products
e.g. Pseudoephedrine,
Phenylephrine.

Decongestants may aid the drying up of secretions and improve any congestion that is associated with the cough. They are often included in combination products. Decongestants can be used up to their maximum dose for up to a WEEK. Treatment should NOT exceed ONE WEEK. Once symptoms have resolved treatment should be discontinued. Please see individual packs for guidance on dosage instructions and treatment length.

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.

Managing other symptoms such as fever and pain

Paracetamol 500mg Tablets

Adults and children over 12 years: 1-2 tablets every 4-6 hours, as required. No more than 8 tablets in 24 hours.
Paracetamol products can be used up to their maximum dose for up to 3 days.

Ibuprofen 200mg

Adults and children over 12 years: 1 - 2 tablets with water, up to three times daily as required. Leave at least 4 hours between doses. Do not take more than 6 tablets in 24 hours.
Ibuprofen products are best taken with or after food and they can be used up to their maximum dose for up to 10 days in adults.

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.