
Chronic Cough

Coughing is a normal and necessary event. It is part of our body's normal cleaning routine for the lungs. When a cough persists for more than three weeks or when it results in complications such as pain, fatigue and trouble sleeping, it is considered to be a chronic or persistent cough.

Coughing involves the hyper adduction (closing) of the vocal folds and can result in swelling or more serious vocal fold pathologies, if persisting for a prolonged period. This can result in Dysphonia, or a voice problem, and can be characterised by a rough, breathy strained and strangled voice quality.

A cough can be voluntary or involuntary. It is commonly triggered by stimulation of receptors in the pharynx, larynx, trachea and bronchi. Cough receptors also exist in the nose, para nasal sinuses, external auditory ear canals, tympanic membranes, oesophagus, stomach and diaphragm.

Common causes of coughing are:

- Cigarette smoking
- Post nasal drip – a tickle or drainage of liquid in the back of the throat
- Asthma – wheezing, chest tightness, difficulty breathing (dyspnoea), dry cough particularly at night
- Gastroesophageal Reflux Disorder (GERD) – reflux of acid into the oesophagus and stimulation of a cough reflex
- Allergies
- Some medications
- Post infectious coughs – associated with viral respiratory tract infections
- Sleep apnoea/ snoring- swelling and drying, mucous feeling

Treatment for chronic cough:

- Try to prevent throat clearing or coughing. Instead, try to swallow strongly, or breath in through pursed lips (as if sucking through a straw)
- Treatment should be directed at the cause, depending on the contributing factors to your chronic cough. This may require a combined approach.
- Symptomatic relief can include expectorants, inhaled steam, non menthol cough lozenges or hard candies
- Individuals may benefit from a period of Speech Pathology therapy to address voice problems that may be associated with the chronic cough

