

Habit Cough in Adults

Miles Weinberger, MD^a, and Dennis Buettner^b *Encinitas, Calif*

This feature is coordinated by Stuart Abramson, MD, Giselle Mosnaim, MD, and Andrew Murphy, MD, from the American Academy of Allergy, Asthma & Immunology Federation of Regional, State, and Local Allergy, Asthma, and Immunology Societies Assembly and by Editorial Board member Matthew Rank, MD.

PRACTICE CHALLENGE

Although causes of chronic cough (CC) in children have been well defined,¹ over 40% of adults with CC seen at specialty centers are reported to be without medical explanation.² Most children with CC that has no medical explanation have a syndromic disorder known as habit cough (HC). Cure of HC by “the art of suggestion” was first reported in a 1966 publication describing 6 children with frequent harsh barking daily cough that was absent during sleep. Based on that report and subsequent publications, HC has since been defined as a nonproductive repetitive cough that is absent during sleep. Various forms of suggestion have provided successful treatment for children. No reliable treatment has been reported for adult CC without medical explanation.

PRACTICE SOLUTION

Suggestion therapy (ST) for HC was initially provided with direct patient contact. A result was cessation of cough within 15 to 30 minutes as documented in 81 of 85 children at the University of Iowa from 1995 to 2014. ST was performed in February 2019 by online video conferencing for a 12-year-old girl suffering from HC for 3 months. A recording of the video was made, placed online in the web (www.habitcough.com) and

on YouTube (<https://www.youtube.com/watch?v=jnQUvD8Qdj0>). During the past 6 months, 30 parents of children with HC and 17 adults with the same symptoms including the absence during sleep reported to us that coughing stopped on viewing the recording with no personal contact, essentially by proxy. This unexpected and unintended outcome suggests that some adults have HC and respond to ST just as is seen in children. The 40% of adults with a repetitive nonproductive CC without medical explanation should now be queried regarding cough during sleep. If cough during sleep is absent, HC should be diagnosed. ST by viewing the video should then be considered.

Acknowledgments

M. Weinberger conceived of and wrote the drafts of the manuscript. D. Buettner designed the abstract for patient data collection, prepared the video, assisted in patient communication, and reviewed the draft of the manuscript.

REFERENCES

1. Chang AB, Robertson CF, van Asperen PP, Glasgow NJ, Mellis CM, Masters IB, et al. A multicenter study on chronic cough in children: burden and etiologies based on a standardized management pathway. *Chest* 2012;142:943-50.
2. Gibson PG. Management of cough. *J Allergy Clin Immunol Pract* 2019;7:1724-9.

^aUniversity of California San Diego, Division of Pediatric Respiratory Medicine, Rady Children's Hospital, Encinitas, Calif

^bInternet Broadcast Network, Severna Park, Md

No funding was received for this work.

Conflicts of interest: The authors declare that they have no relevant conflicts of interest.

Received for publication December 10, 2020; revised December 14, 2020; accepted for publication December 18, 2020.

Corresponding author: Miles Weinberger, MD, University of California San Diego, 450 Sandalwood Court, Encinitas, CA 92024. E-mail: miles-weinberger@uiowa.edu.

J Allergy Clin Immunol Pract 2021;9:1417.

2213-2198

© 2020 American Academy of Allergy, Asthma & Immunology

<https://doi.org/10.1016/j.jaip.2020.12.034>