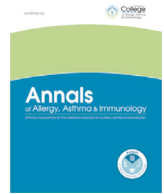


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Correspondence

There is more to know about chronic cough

To the Editor,

Peters et al¹ state that most cases of chronic cough are caused by upper airway cough syndrome (formerly called postnasal drip), gastroesophageal or laryngopharyngeal reflux, and asthma. Bernstein's² accompanying editorial emphasizes that refractory chronic cough is a diagnosis of exclusion. These 45-year-old views do not solve the conundrum of chronic cough in adults that continues to be unexplained or refractory.³

In contrast, Song et al⁴ regard chronic cough as a distinct disorder rather than a symptom of some treatable cause. They deem cough hypersensitivity the key trait for this disorder. Asthma, reflux, or upper airway symptoms may be reflex triggers in some patients but not the cause of chronic cough. Rather, those authors believe cough hypersensitivity is the result of neurologic dysregulation involving the brainstem, subcortical, and cortical areas.⁴ The proposed treatment for this neuronal dysregulation is neuromodulators, but those have limited effect.⁵

An alternative explanation for chronic cough is that airway inflammation and increased nerve density are caused by the trauma of the patient's incessant coughing.^{6,7} This hypothesis is consistent with patients' awareness of airway irritation perceived as the "urge to cough" described by Hilton et al⁸ as the common trait among patients with chronic cough. A vicious cycle then occurs: the mucosal lesion is caused by chronic coughing that in turn continues to cause the mucosal inflammation⁶ and increased nerve density⁷ that generate continuous chronic coughing.

Dr Charles Creighton in his 1886 book described patients with acquired chronic cough having "... a habit cough—a reflex effect persisting after the cause is gone ... or an acquired habit ... the treatment of it is to break the habit ...". A simple behavioral technique called suggestion therapy is the standard of care providing habit cough cessation in children. This was described in publications that described the methods in 1966, a description of clinical application in 1991, and routine clinical application from 1995 to 2014 with 140 patients with chronic refractory cough.⁹

An interactive map, <https://tinyurl.com/HabitCoughMap>, provides details of more than 100 children and more than 40 adults whose chronic cough resolved after viewing a video of successful suggestion therapy. An explanation for the clinical effect of suggestion can be found in the published psychology of suggestion.¹⁰ A chronicle of habit cough treatment in children and adults is described in a web site, www.habitcough.com, created and maintained by the father of the first patient to receive suggestion therapy remotely.

How should clinicians encountering a patient with refractory chronic cough, which does not respond to medications, proceed with this information? If spirometry and chest x-ray results are normal, and cough is daily, nonproductive (dry), and absent during sleep, that is the characteristic of patients who respond to suggestion therapy.⁹

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Emails from adults and parents of children describing curative cough cessation after viewing the video are available for independent evaluation on request.

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