

# Chronic Cough

A RESOURCE GUIDE FOR PHARMACISTS



## Types of Cough

### Refractory Chronic Cough (RCC)

Persists longer than 8 weeks despite guideline-based treatment for underlying conditions such as GERD, asthma, and rhinitis

### Unexplained Chronic Cough (UCC)

Persists longer than 8 weeks and remains unexplained after investigation

## Etiology

### Protective Cough

A true reflex of protection against aspiration and stomach acid

### Irritative Cough Reflex/Response

Urge to cough/tickle in the throat  
May be caused by chemical irritants and lung inflammation  
May be due to Cough Hypersensitivity Syndrome (CHS) and often seen in patients with or without an identifiable cause of cough (such as the presence of GERD, asthma, or rhinitis)

## Economic, Psychosocial, and Physical Impact of CC



**Over \$8.5 billion**

is spent on over-the-counter upper respiratory medications<sup>1</sup>



**94%** reported that their cough **disturbed** or **worried** their friends and family<sup>3</sup>

CC patients visit their PCP **at least 3 times** and consult up to



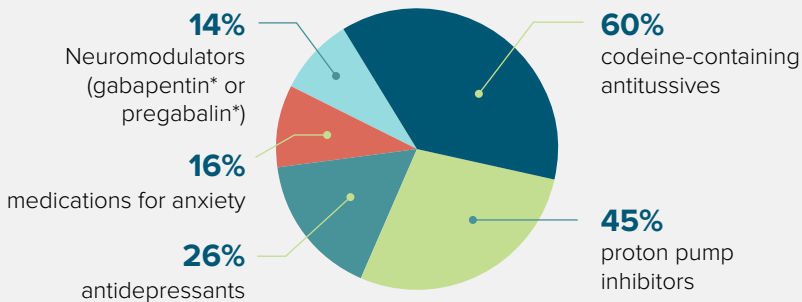
**6 medical providers**<sup>2</sup>

**Average of \$3,266**

spent annually by patients with CC on Rx medications, office visits, and testing<sup>2</sup>



Up to **85% of patients** receive Rx meds for cough from PCP<sup>2</sup>



\*Not FDA approved for chronic cough or CHS

In COUGH-1 and COUGH-2 phase 3 trials of over 2,000 CC patients, the **median cough frequency** was over **18 coughs per hour**<sup>4</sup>



**Stress induced incontinence**

present in about **60%** of women with CC<sup>5</sup>

**Up to 72%**

of CC patients report **fatigue**<sup>2</sup>



Women with CC found to be **depressed more** than non-chronic coughers<sup>6</sup>

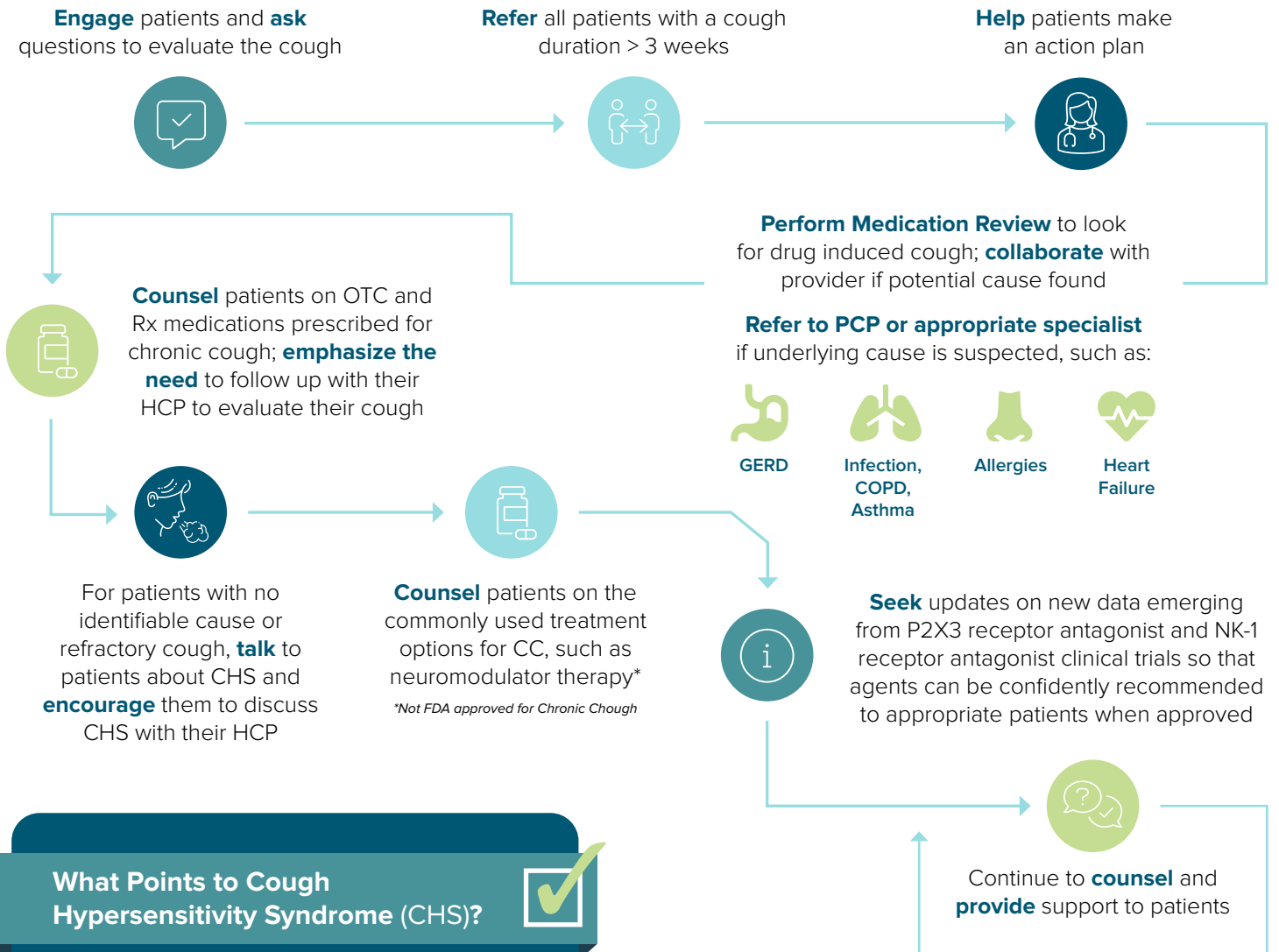
**Almost half** of patients with CC report **anxiety**<sup>4</sup>

**Loneliness** and **isolation** are the **most common** outstanding issues in study participants<sup>7</sup>



# The Pharmacists' Role in Chronic Cough Care

Patients need help knowing what the next steps should be on their journey to diagnosis and in their search for an acceptable cough therapy.



## What Points to Cough Hypersensitivity Syndrome (CHS)?

**Gender:** more common in females (66.7%)\*

**Age:** average 61 years\*

Urge to cough stems from **tickle** in back of throat

Cough that increases specifically with **talking, odors,** and exposure to **irritants**

Cough usually decreases at **night** and with **exercise**

Cough occurs **with or without** presence of adequately treated GERD, asthma, or rhinitis

**Varied medication history** including cough suppressants, PPIs, oral corticosteroids, psychotherapeutics, antibiotics, and inhalers

## Key Points for Chronic Cough

1

**Pharmacists are in an ideal position** to help encourage patients to seek additional care and provide counseling on prescribed treatments.

2

**Chronic cough should be taken seriously by HCPs** but is often unrecognized and underappreciated

3

**CHS should be considered** as a potential condition in patients who are refractory to treatment of cough or have an unexplained chronic cough with no identifiable cause

4

**Targeted emerging treatment options** for CC include both P2X3 receptor and NK-1 receptor antagonists