Chronic cough in adults: what new guidance means for nurses

Latest advice on diagnosis and assessment, red-flag signs, common complications including incontinence, and when to refer on to specialist services

Chronic cough is a common respiratory illness and experienced by up to 10% of people in the UK, according to the British Thoracic Society (BTS). Nurses can play an important role in monitoring patients, educating them about the causes of chronic cough – defined as lasting longer than eight weeks – and ensuring timely referral for investigation.

What causes chronic cough and who is at risk?
Chronic cough can affect anyone and its causes can be multifactorial, says Asthma and Lung UK respiratory nurse specialist and advanced nurse practitioner Claire Fisher.

Chronic cough is not itself a diagnosis, rather a symptom of something that must always be investigated, says Ms Fisher.
‘Listen to patients, and be aware of the significant impact a chronic cough can have on their lives’
Sarah Hennessey, clinical nurse specialist in chronic cough

‘Anyone with a cough of more than three weeks should have a chest X-ray. But don’t presume coughing is due to a pre-existing condition – people can have more than one cause for their cough,’ she says.

Assessing chronic cough: what should nurses look for?
Ms Fisher advises that nurses should look at:
» Duration and frequency of the cough.
» Whether it is dry or productive.
» Whether there is blood in the sputum or if the person is coughing up blood.

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Chronic cough and incontinence: specialist nurse support
Manchester chronic cough service clinical nurse specialist in chronic cough Sarah Hennessey has been pivotal in developing the service since she joined Manchester University NHS Foundation Trust in 2018.
Ms Hennessey recognised that urinary incontinence was a significant issue for people with chronic cough, affecting about one third of patients attending the service.

Signposted to local services
Patients’ continence is now routinely assessed during their initial consultation. Those who report incontinence are referred to the clinical nurse specialist for advice and support, and signposted to local continence services for further management and assessment.
Ms Hennessey says the impact of chronic cough on a patient’s life can be overlooked and all nurses can make a big difference.
‘Listen to patients, and be aware of the significant impact a chronic cough can have on their lives, and offer additional support. Patients report this service has been life-changing.’

Red flags indicating a possible underlying condition

» Chest pain
» Shortness of breath
» Fatigue
» Appetite loss
» Coughing up blood
» Unexplained weight loss
» Difficulty swallowing or hoarseness, and symptoms worsening despite treatment

Source: Claire Fisher, respiratory nurse specialist and advanced nurse practitioner, Asthma and Lung UK

What can nurses advise for treatment of a chronic cough?
Treating a chronic cough is about identifying the underlying cause or causes, says Ms Fisher.
‘Sometimes this can involve lifestyle changes, such as avoiding what is triggering the cough, for example, stopping smoking, or changes to diet for patients who have GORD.’

With many chronic lung conditions, a personalised management plan can help patients recognise worsening symptoms. And access to respiratory physiotherapy services can help with mucus clearance and breathing techniques, she says.

What is cough hypersensitivity?
Patients can become oversensitive to a cough and experience dysregulation of the cough response, says independent respiratory consultant nurse Jane Scullion. Exposure to something as simple as perfume, talking or laughing can trigger coughing, she says.
The BTS says cough hypersensitivity is a frequently overlooked but treatable trait and
Chronic cough can lead to stress, anxiety and people feeling isolated

Claire Fisher, respiratory nurse specialist and advanced nurse practitioner, Asthma and Lung UK

Common causes of chronic cough

- Long-term lung conditions, such as chronic obstructive pulmonary disease
- Poorly controlled asthma
- Bronchiectasis
- Interstitial lung diseases
- Gastro-oesophageal reflux disease (GORD), where acid from the stomach leaks up into the oesophagus (gullet) and irritates the upper airways
- Postnasal drip
- Medications such as angiotensin-converting enzyme inhibitors
- Smoking
- Lung cancer
- Heart problems

Source: Claire Fisher, respiratory nurse specialist and advanced nurse practitioner, Asthma and Lung UK

Patients should be referred according to the presentation, the BTS says. For example, this could be to a respiratory clinic, or to an ear, nose and throat service if there are predominant upper airway symptoms, such as nasal obstruction and discharge and voice change.

The BTS advises that patients be referred if there is suspected underlying disease such as bronchiectasis, interstitial lung disease, tuberculosis, and heart failure.

“It’s essential to get to the root cause of what is causing the chronic cough, to prevent any complications and improve patients’ quality of life and well-being,” says Ms Fisher. “And if necessary, it is vital for nurses to seek expert advice for diagnosis and management of patients’ chronic cough.”

Further information

BMJ Thorax (2023) British Thoracic Society Clinical Statement on chronic cough in adults
thorax.bmj.com/content/78/Suppl_6/s3

Asthma + Lung UK asthmaandlung.org.uk

Primary Care Respiratory Society pcrs-uk.org