

EVIDENCE-BASED APPROACH TO THE CHRONIC COUGH

1. Perform a history and physical examination, treating suspected cause or reassuring patient if recently recovering from a respiratory infection.
2. Stop angiotensin-converting enzyme inhibitor or tobacco use.
3. Treat empirically for postnasal drip syndrome (PNDS) for 1 to 2 weeks with a first-generation antihistamine-decongestant combination. Continue therapy while performing further evaluation.
4. Treat empirically for asthma (or evaluate with a methacholine challenge test and treat, if positive).
If cough resolves, consider discontinuing PNDS therapy. If cough persists, continue therapy during further evaluation.
5. Obtain a chest x-ray (consider earlier with advancing age or history of smoking).
6. Treat empirically for gastroesophageal reflux disease (or evaluate with a 24-hour pH probe, and treat if positive). If cough resolves, consider discontinuing PNDS and asthma therapy in a stepwise fashion.
7. Re-evaluate effectiveness of PNDS, asthma, and GERD therapy.
8. Consider referral.