




Cough

'Coughs and colds' are the archetypal conditions seen in general practice - indeed cough is the most common symptomatic presentation to Australian GPs, presenting at a rate of 6.2 per 100 encounters. Cough usually has a benign aetiology, but can be the first symptom of serious disease. GP registrars need to develop a systematic approach to the assessment and management of cough, including appropriate investigation where indicated.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Classification of cough duration – acute, protracted acute and chronic • Common and serious causes of cough in general practice • Focussed respiratory examination • Red flags for potentially serious disease, and indications for investigation • Appropriate investigations for cough • Evidence-based symptomatic treatment of RTI-related cough • Approach to managing specific causes of cough in children, adults and the elderly 		
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> • Read the excellent 2010 MJA clinical overview CICADA: Cough in Children and Adults 		
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • The most common causes of chronic cough in adults (>8 weeks) are post-infective cough, GORD and asthma • The most common causes of chronic cough in children are recurrent viral bronchitis, post viral cough, pertussis, asthma and post-nasal drip • Post-viral cough can persist for many weeks after an acute URTI • Postnasal drip is now referred to as 'upper airway cough syndrome' • Green sputum does not predict bacterial infection • Don't forget common pitfalls - ACE inhibitor cough, PBB, vocal cord dysfunction, eosinophilic bronchitis and tuberculosis • 'Don't order chest x-rays in patients with simple uncomplicated acute bronchitis' – see RACGP Choosing Wisely • Cough suppressants have only marginal benefit over placebo • 'Avoid prescribing antibiotics for URTI and acute bronchitis' – see Choosing Wisely • ACE inhibitor cough can take up to a year to resolve • Chronic refractory cough can last for many years and may be a neuropathic disorder 		
RESOURCES 	<table border="1"> <tr> <td data-bbox="335 1776 430 1955">Read</td><td data-bbox="430 1776 1485 1955"> <ul style="list-style-type: none"> • 2011 Canadian Family Physician article – Acute Cough in Adults • 2011 Canadian Family Physician article – Acute Cough in Children • 2017 AAFP article Chronic Cough: Evaluation and Management • RCH clinical practice guidelines on cough in children </td></tr> </table>	Read	<ul style="list-style-type: none"> • 2011 Canadian Family Physician article – Acute Cough in Adults • 2011 Canadian Family Physician article – Acute Cough in Children • 2017 AAFP article Chronic Cough: Evaluation and Management • RCH clinical practice guidelines on cough in children
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FOLLOW UP & EXTENSION ACTIVITIES	<ul style="list-style-type: none"> • Ask the registrar to complete the KFP case under exam conditions and discuss • Registrar to record the details of the next 10 patients that present with a cough and discuss key features on history and examination 		

Cough

Clinical Reasoning Challenge

Bobbie Ling, aged 61, presents to you with a 5 week history of cough. He is a new patient to the practice. He describes a typical viral URTI at the start of the illness (runny nose and sore throat), and the cough has persisted since then. He denies past respiratory problems.

QUESTION 1. What are the MOST IMPORTANT key features of history in helping to identify potentially serious causes of this patient's cough? List up to SIX.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

QUESTION 2. What are the MOST IMPORTANT causes (both common and serious) of this patient's cough to consider? List up to FIVE.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

QUESTION 3. What are the MOST IMPORTANT initial investigations to help diagnoses the cause of this cough? List up to FOUR.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Cough

ANSWERS

QUESTION 1

What are the MOST IMPORTANT key features of history in helping to identify potentially serious causes of this patient's cough? List up to SIX.

- Haemoptysis
- Smoking history
- Dyspnoea
- Chest pain
- Weight loss
- Fever
- TB exposure (migrant, health care worker)

QUESTION 2

What are the MOST IMPORTANT causes (common and serious) of this patient's cough to consider? List up to FIVE.

- Post viral cough/post-nasal drip
- Asthma
- GORD
- Cancer of the lung
- CCF
- TB

QUESTION 3

What are the MOST IMPORTANT initial investigations to help diagnoses the cause of this cough? List up to FOUR.

- CXR
- Spirometry
- Sputum culture (including AFB)
- FBC
- ESR