

Review

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Idiopathic chronic cough: a real disease or a failure of diagnosis?

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Published: 23 September 2005

Received: 24 March 2005

Cough 2005, 1:9 doi:10.1186/1745-9974-1-9

Accepted: 23 September 2005

This article is available from: <http://www.coughjournal.com/content/1/1/9>

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Abstract

Despite extensive diagnostic evaluation and numerous treatment trials, a number of patients remain troubled by a chronic and uncontrollable cough. Eosinophilic bronchitis, atopic cough and non-acid reflux have been recently added to the diagnostic spectrum for chronic cough. In some cases, failure to consider these conditions may explain treatment failure. However, a subset of patients with persisting symptoms may be regarded as having an idiopathic cough. These individuals are most commonly female, of postmenopausal age and frequently report viral upper respiratory tract infections as an initiating event. This paper seeks to explore the validity of idiopathic cough as a distinct clinical entity.

Introduction

Despite considerable advance in the understanding of cough, the effective management of patients with a chronic cough can be difficult. For the patient, a cough which persists can be associated with considerable distress and impaired quality of life [1]. For the physician, failure to obtain a treatment response may lead to the mistaken belief that the cough is functional or psychogenic. There are a number of reasons why the cough may be difficult to treat. In some cases it may reflect an inadequate approach to diagnostic evaluation and failure to appreciate both pulmonary and extra pulmonary causes for chronic cough [2,3]. In other cases, trials of therapy may be of inadequate dose and of insufficient duration. However, an alternative explanation is that a distinct diagnostic entity exists, namely idiopathic cough [4]. If this is the case then almost nothing is known about the underlying pathophysiological processes responsible for this condition and at present there are no effective treatment options. This article seeks to examine the evidence for idiopathic cough

as either a distinct diagnosis or simply the result of incomplete evaluation and inadequate courses of therapy.

Diagnostic protocols for chronic cough

The term 'idiopathic' comes from the Greek word *idio-patheia* and is defined in the Oxford English Dictionary as a 'disease not preceded or occasioned by another, or by any known cause' [5]. In the original description of cough evaluation and management by Irwin and colleagues, idiopathic cough was not described and indeed treatment failure was extremely rare [6]. Using a stepwise approach known as the anatomic diagnostic protocol, Irwin and colleagues reported that a cause for cough could be determined successfully in up to 98% of cases and was due to either cough variant asthma (CVA), rhinosinusitis associated with postnasal drip syndrome (PNDS) or gastro-oesophageal reflux disease (GORD) [6]. The subsequent experience from this group [7,8] and a number of others in hospital-based settings [9,10] has remained the same and the diagnostic protocol has been recommended by