American Academy of Allergy Asthma & Immunology

Table 5. Cough

Referral Guideline	Rationale	Evidence Type
Patients with chronic cough of 3-8 weeks or more	Asthma, postnasal drainage and GERD are the most common causes of cough.[1,2] Spirometry and a chest x-ray have been suggested as the minimum investigations required in the evaluation of chronic cough.[2-4] Allergists have extensive training to evaluate the upper as well as lower airway in a patient with chronic cough[5].	Diagnostic evidence
Patients with coexisting chronic cough and asthma	Cough occurs in all asthmatics.[1] However, cough alone is a poor marker of asthma and asthma may be overdiagnosed in children with cough alone.[3] The allergist can both provide expert consultation to ensure the diagnosis of asthma is correct and maximize therapy in the asthmatic (see asthma section)	Diagnostic evidence, Indirect outcome evidence (avoidance, pharmacologic, and immunologic therapy)
Patients with coexisting chronic cough and rhinitis	Postnasal drip is the single most common cause of chronic cough.[1] Allergy skin testing and history-testing correlation can differentiate allergic from non-allergic rhinitis (see rhinitis section). Treatment of rhinitis can improve the cough.[1] Treatment of rhinitis by allergists improves patient outcomes (see rhinitis section)	Diagnostic evidence, Indirect outcome evidence (avoidance, pharmacologic, and immunologic therapy)
Patients with chronic cough and tobacco use or exposure	Tobacco smoke exposure clearly increases cough prevalence and exacerbates any pulmonary condition.[3] Chronic cough in cigarette smokers is dose-related.[4] Allergists can assist with active steps to minimize and/or eliminate tobacco smoke exposure.[5].	Indirect outcome evidence (smoking cessation)

References:

1. Irwin RS, Boulet L-P, Cloutier MM, Fuller R, Gold PM, Hoffstein V, et al. Managing cough as a defense mechanism and as a symptom. A consensus panel report of the American College of Chest Physicians. Chest 1998; 114(2):131S-81S. Evidence grade: IV

2. Kastelik JA, Aziz I, Ojoo JC, Thompson RH, Redington AE, Morice AH. Investigation and management of chronic cough using a probability-based algorithm. Eur Respir J 2005; 25:235-43. Evidence grade: III

3. Chang AB, Robertson CF. Cough in children. MJA 2000; 172:122-5. Evidence grade: IV

4. Morice AH, Fontana GA, Sovijarvi ARA, Pistolesi M, Chung KF, et al. The diagnosis and management of chronic cough. Eur Respir J 2004; 24:481-92. Evidence grade: IV

5. Allergy and Immunology Core Curriculum Outline 1996. Core Curriculum Subcommittee of the Training Program Directors. American Academy of Allergy, Asthma and Immunology. J Allergy Clin Immunol 1996;98(6pt.1):1012-5, updated in 2002 (http://www.aaaai.org/professionals/careers/training_programs.stm). Evidence grade: IV