

Basic assessment of chronic cough in primary care and referral pathways of patients to different specialists: plain language summary of publication

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Summary

What is this summary about?

People with **chronic cough** (a cough lasting more than 8 weeks) are often referred to different specialists and undergo numerous diagnostic tests, but clear guidance is lacking. This work summarizes a consensus (an agreement) among medical specialists who are involved in managing people with **chronic cough: primary care** physicians (family doctors), pulmonologists (doctors who specialize in lung conditions), allergists (medical professionals specializing in allergies) and ear, nose and throat (ENT) specialists. They discussed how to perform a basic assessment of people with **chronic cough in primary care** (day-to-day healthcare given by a general practitioner or family doctor) and how to refer them to different specialists based on clinical findings or test results.

Keywords: cough, Delphi technique, diagnosis, differential, primary health care, interdisciplinary communication, referral and consultation, symptom assessment

What were the results?

The specialists agreed on those clinical aspects that **primary care** physicians should evaluate in all people with **chronic cough**, including the impact of **chronic cough** on quality of life. Agreement was reached on initial actions to be taken in **primary care**, including:

- Changing or substituting drugs that may cause a cough.
- Performing a chest X-ray.
- Introduction of anti-reflux measures (e.g. measures that do not include medication use, such as elevation of the head of the bed, weight loss and reduced food intake to help prevent stomach contents from flowing up to the mouth).

How to say...

Chronic cough: <KRO-nuhk KOF>

Primary care: <PRAI-muh-ree KAIR>

Referral: <ruh-FUH-ruhl >

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- Try out anti-reflux therapy with drugs, such as antacids, in some cases.
- Performing spirometry (breathing) tests and blood tests if a diagnosis was not reached.

The specialists agreed on the situations where a person with **chronic cough** should be referred from **primary care** to other specialists. A flowchart was developed to guide the initial assessment of people with **chronic cough** in **primary care** and help refer them to other specialists based on the findings.

What do the results of the study mean?

This study provides the perspective of different specialists on how to perform a basic assessment of people with **chronic cough** in **primary care** and how and when to refer them to other specialists. It can contribute to a more efficient management of the diagnostic process of **chronic cough**.

Where can I find the original article on which this summary is based?

You can read the original article published in the journal *Therapeutic Advances in Respiratory Disease* for free at:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10291707/pdf/10.1177_17534666231178694.pdf

Who is this article for?

This article may be helpful to:

- People who suffer from **chronic cough** (cough lasting more than 8 weeks) or who have contact with someone with this problem.
- Patient associations or other organizations helping people with **chronic cough** or with diseases causing a **chronic cough**.
- Healthcare providers (mainly physicians and nurses) who treat people with **chronic cough**.
- Healthcare providers or policymakers who draft **chronic cough** management recommendations.

Why was the study carried out?

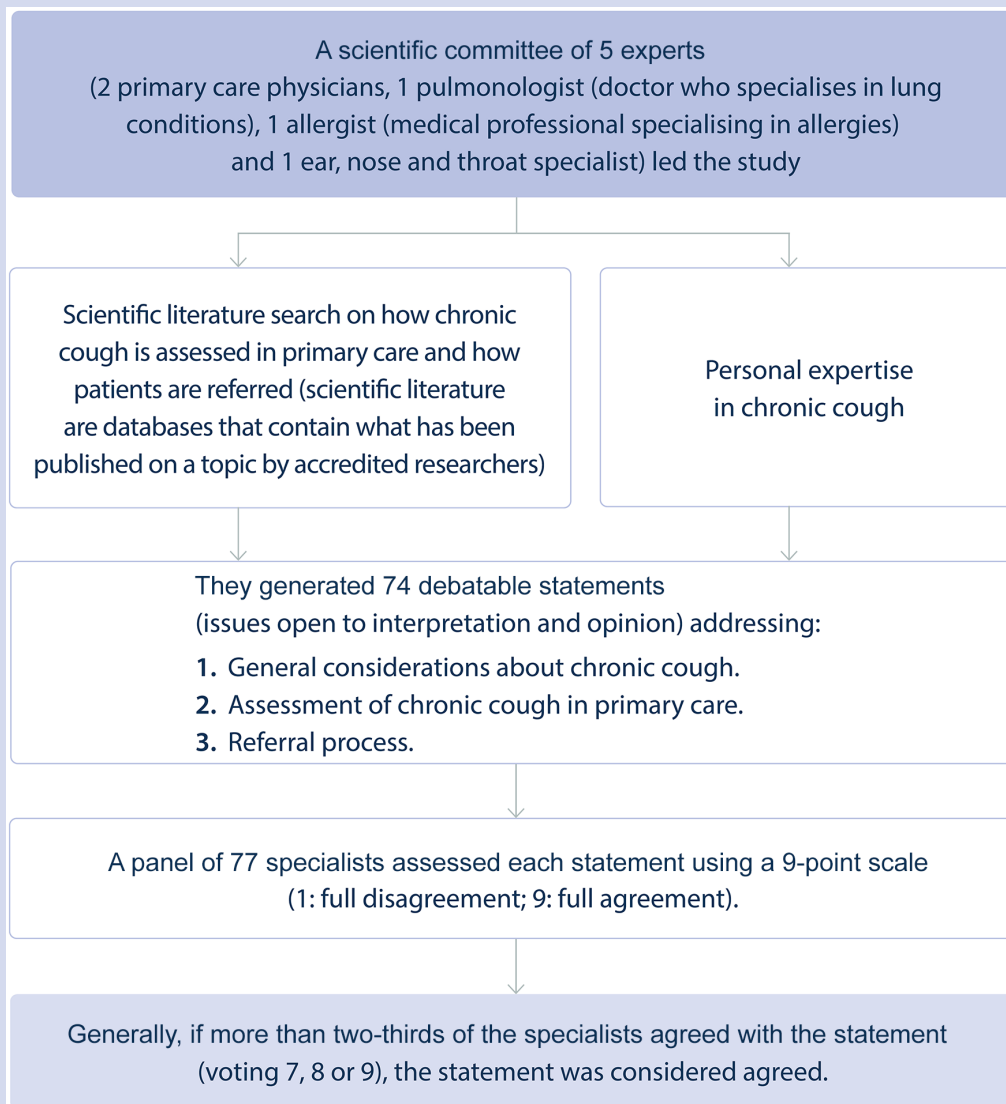
What is chronic cough?

Chronic cough is a cough lasting more than 8 weeks. It could affect up to 5–10% of the adult population worldwide. It can be highly distressing and alarming not only for the affected individuals but for those around them as well.

Why did we do this study?

- The diagnosis of **chronic cough** is challenging for physicians. On many occasions, inappropriate or repetitive diagnostic tests are performed.
- **Primary care** physicians, such as general practitioners or family doctors, are crucial in the initial evaluation and **referral** of people with **chronic cough** if needed. However, there is no agreement among doctors regarding the initial assessment **primary care** physicians must perform on people with **chronic cough**, or when and to which specialists to refer them in order to complete diagnostic procedures or start specific treatments.
- In this study, we examined the level of agreement among specialists in **chronic cough** regarding the **primary care** physician's initial assessment and **referral** of people with **chronic cough**.

How was the study carried out?



Who took part in the study?

Experts that evaluated the questionnaire:



Expert characteristics:

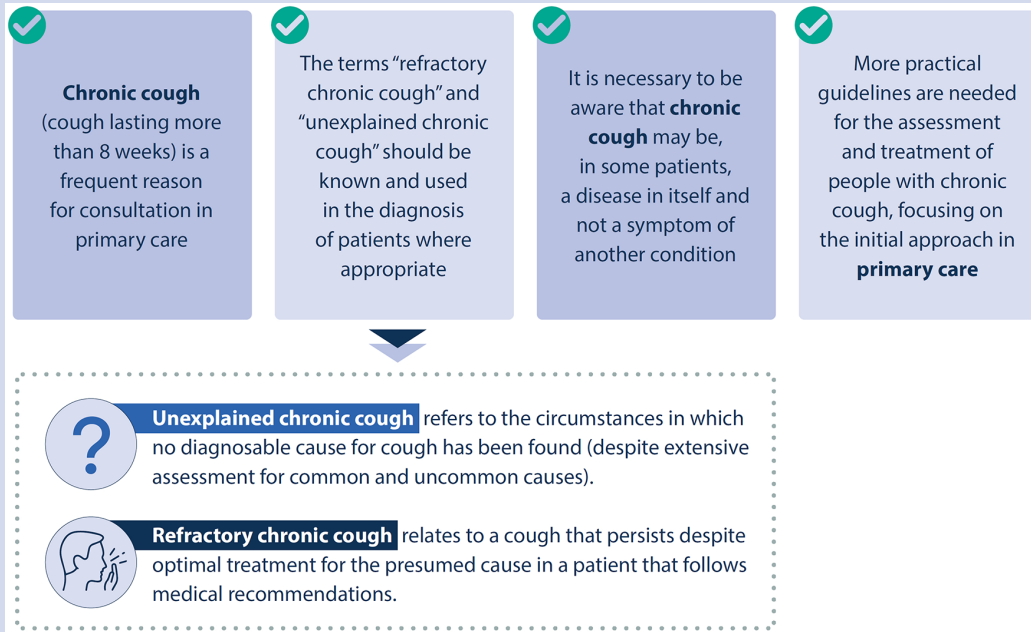


What were the overall results of the study?

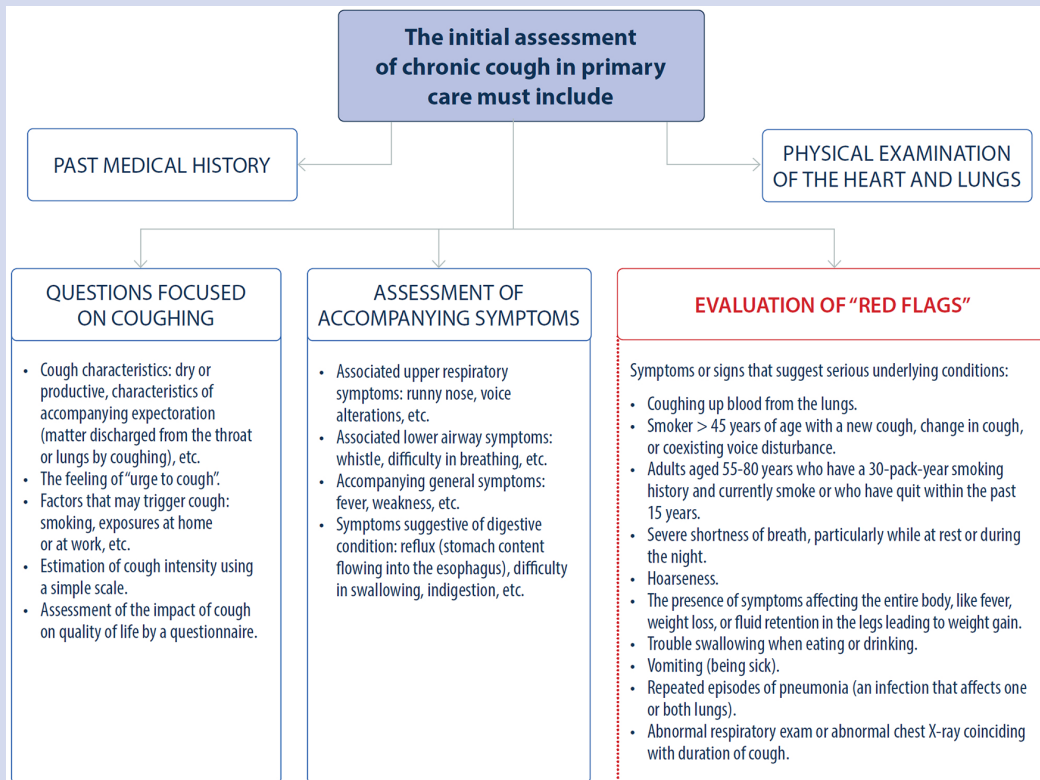
1. How many statements did the physicians agree on?



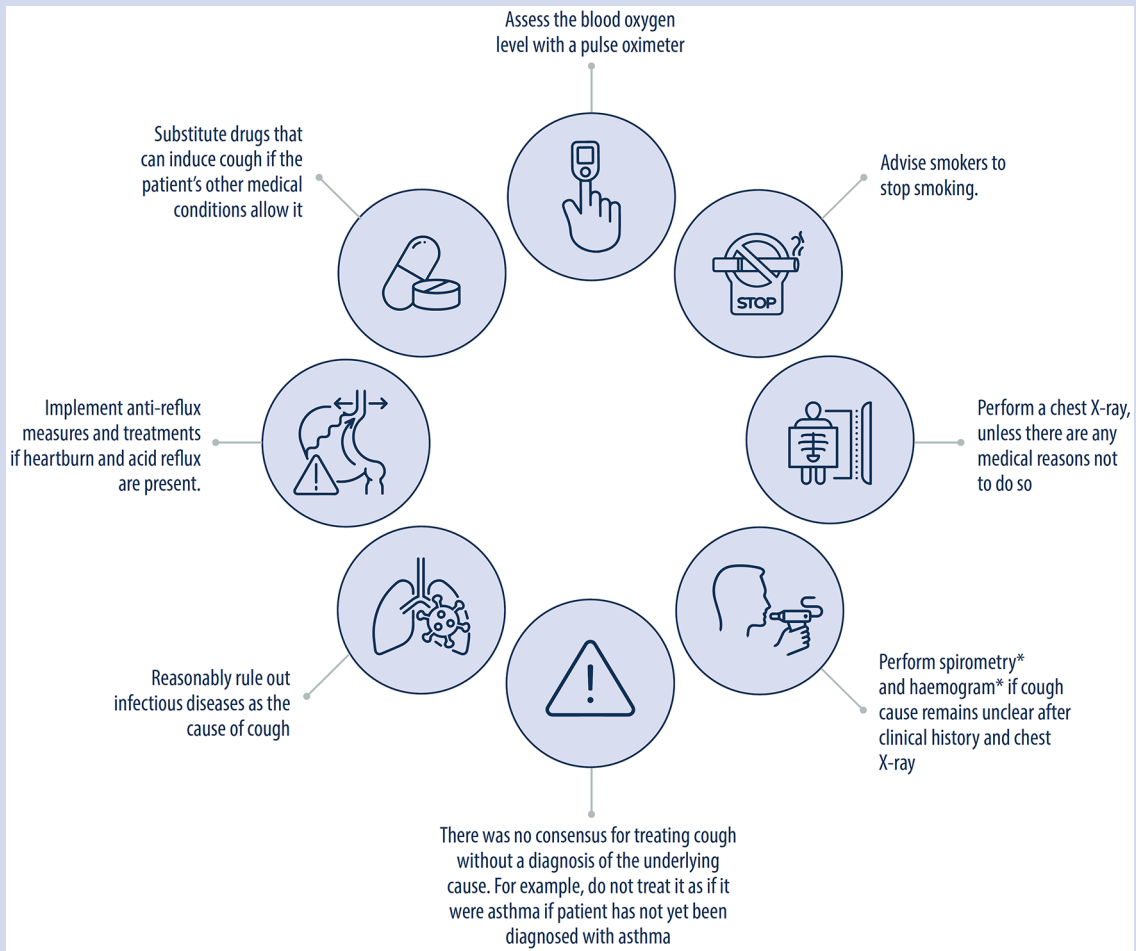
2. What did the physicians agree on regarding general aspects of **chronic cough** management?



3. What did the physicians agree on regarding the initial assessment to be performed in **primary care** for people with **chronic cough**?



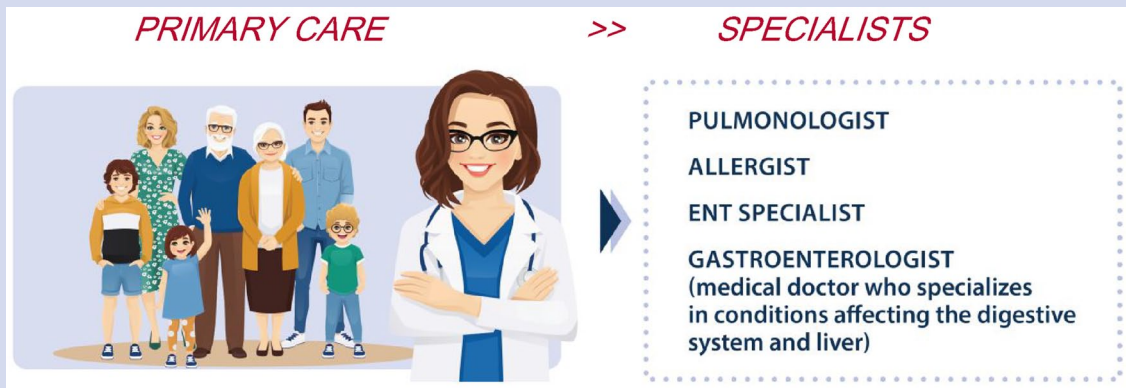
4. What did the physicians agree regarding the first actions to be taken by the **primary care** physician?



*Spirometry is a common test used to assess how well the lungs work by measuring how much air you inhale, how much air you exhale and how quickly you exhale.

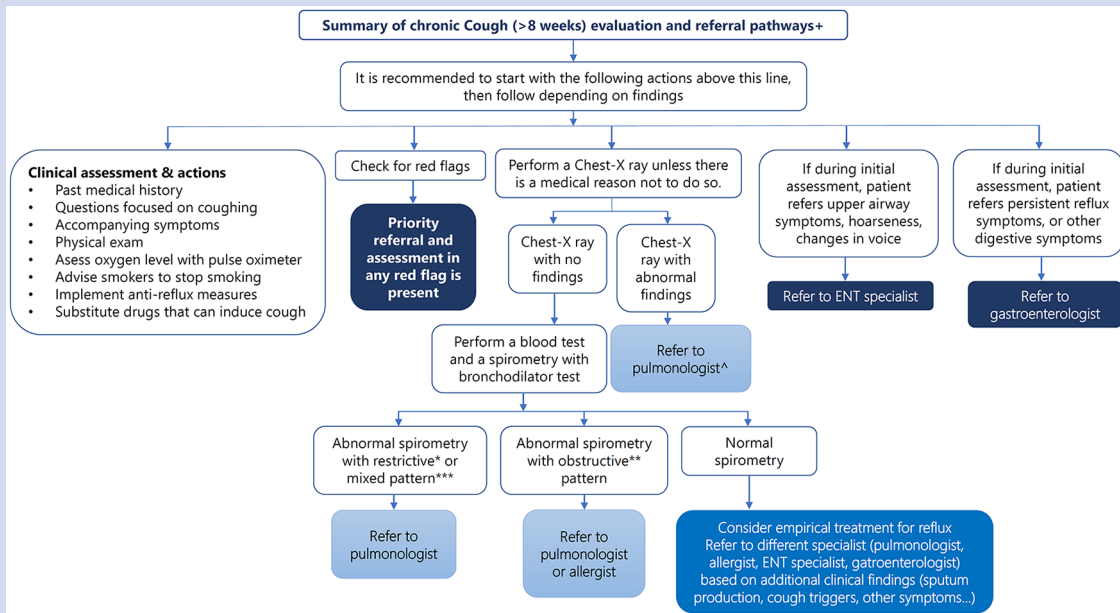
*Haemogram is a routine blood test that shows the number and characteristics of red blood cells, white blood cells and platelets. Red blood cells carry oxygen from the lungs to all parts of the body. White blood cells, also called leukocytes, protect you against illness and disease. Platelets help form blood clots to slow or stop bleeding and to help wounds heal.

What did the specialists agree on regarding referring people with chronic cough from primary care?



Referral from primary care to other specialists in the following situations

- If there is a serious red flag that requires priority assessment without delay (e.g. spitting or coughing up blood, heavy smoking, weight loss, etc. -see figure in section 3-)
- When, following a **primary care** investigation, no diagnosis has been found to justify the **chronic cough**.
- To confirm a suspected diagnosis when complementary tests not available in the **primary care** setting are required (e.g. a computed tomography or CT scan: a diagnostic imaging procedure that uses a combination of X-rays and computer technology to produce images of the inside of the body).
- To prescribe a treatment or perform a diagnostic intervention unavailable in **primary care**.
- In case of refractory **chronic cough** (when a diagnosis has been found in **primary care**, the cause has been correctly treated, but the cough persists).
- In case of suspected cough hypersensitivity syndrome (troublesome coughing that happens when exposed to low levels of things like heat or certain chemicals).



+ **Referral** to a specific specialist must not preclude **referral** to other specialists if different pathologies co-exist or are suspected in the same patient. **Referral** pathways are subjected to accessibility to each specialist in the different healthcare systems.

[^]Unless a diagnosis is reached and patient can be treated in **primary care**

*Restrictive pattern: means that lungs cannot inflate with the appropriate amount of air: lungs have lower volume capacity

**Obstructive pattern means that the air cannot circulate at appropriate speed in the respiratory system due to partial obstruction (e.g. spasm in the bronchial tube)

***Mixed pattern means a combination of restrictive and obstructive pattern.

What do the results of this study mean?

- This study evaluates the opinions of **primary care** physicians, pulmonologists, allergists, and ear, nose and throat specialists on how to perform a basic assessment of people with **chronic cough in primary care** and how to refer them to different specialists based on clinical findings or test results.
- This work may set the basis for providing guidance and valuable tools for **chronic cough** assessment in **primary care** and to support future recommendations for managing **chronic cough**.
- This study was conducted in Spain; so the findings may not be generalizable to health systems with different structures or functioning.
- The current work represents the results of one study only. More studies may be necessary to confirm the results and gain additional knowledge.

Where can readers find more information on this study?

This is a summary of an article titled 'Basic assessment of **chronic cough in primary care** and **referral** pathways of patients to different specialists', which is published in the journal *Therapeutic Advances in Respiratory Disease*. To read the original article for free, please visit:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10291707/pdf/10.1177_17534666231178694.pdf

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Declarations*Ethics approval and consent to participate*

Not applicable.

Consent for publication

Not applicable.

Author contributions

Christian Domingo: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Resources; Software; Supervision; Validation; Visualization; Writing – review & editing.

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Ignacio Dávila: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Resources; Software; Supervision; Validation; Visualization; Writing – review & editing.

Alfonso del Cuviillo: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Resources; Software; Supervision; Validation; Visualization; Writing – review & editing.

Marta Sánchez-Jareño: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Resources; Software; Supervision; Validation; Visualization; Writing – review & editing.

Luis Cea-Calvo: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Resources; Software; Supervision; Validation; Visualization; Writing – review & editing.

Karlos Naberan: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Writing – review & editing.

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Competing interests

Full author disclosure information for the authors can be found in the original article.

Availability of data and materials

Not applicable.