

ACCP Provides Updated Recommendations on the Management of Somatic Cough Syndrome and Tic Cough

Key Points for Practice

- The patient must meet the DSM-5 criteria for a diagnosis of somatic cough disorder.
- A tic cough is defined as a chronic cough that shares core clinical features of tics.
- Nighttime cough, or a cough with a barking or honking quality, should not be used to diagnose or exclude somatic or tic cough.

From the *AFP* Editors

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A cough that has no medical diagnosis and does not respond to treatment is sometimes labeled as psychogenic cough, habit cough, or tic cough. These disorders should be distinguished from other forms of chronic cough, but there is little consistency or evidence on how to best diagnose a chronic cough as a psychogenic, habit, or tic cough. The American College of Chest Physicians (ACCP) has updated the 2006 guidelines to assist physicians in the management of a patient with suspected somatic cough syndrome or tic cough.

Recommendations

To be consistent with the *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (DSM-5), it is recommended that the terms somatic cough syndrome and tic cough replace the terms psychogenic and habit cough, respectively. When disseminating research findings on somatic cough syndrome and tic cough, adding the parenthetical terms (psychogenic) and (habit) for three years will help with the adoption of the new terms.

Somatization refers to the transfer of psychological distress into a physical symptom. An extensive evaluation should be performed to rule out uncommon causes and tic disorders. The patient must meet the DSM-5 criteria for a diagnosis of somatic cough disorder. Diagnostic criteria include: one or more somatic symptoms resulting

in the disruption of daily life; excessive thoughts about the seriousness of the symptoms, persistent anxiety about health or symptoms, or excessive time and energy devoted to symptoms or health concerns; and persistence of symptoms (typically more than six months). The severity of the disorder depends on how many criteria are present. In children with diagnosed somatic cough disorder, non-pharmacologic trials of hypnosis or suggestion therapy, or combinations of reassurance, counseling, or referral to a psychologist or psychiatrist are recommended.

A tic cough is defined as a chronic cough that shares core clinical features of tics (distinct from Tourette syndrome), including suppressibility, distractibility, suggestibility, variability, and the presence of a premonitory sensation. If after a comprehensive evaluation a chronic cough remains medically unexplained, it is recommended that a diagnosis of tic cough be made if the patient manifests the core clinical features. A simple tic cough in children may improve with suggestion therapy alone.

The presence or absence of nighttime cough, or a cough with a barking or honking quality, should not be used to diagnose or exclude somatic or tic cough. These cough characteristics lack specificity for a diagnosis and could be caused by a variety of diseases.

Adults who have a persistent, chronic cough can develop depression or anxiety when the cough remains untreatable. It is recommended that the presence of these psychological symptoms not be used as diagnostic criteria for somatic cough. Studies show that adverse physical and psychological effects from chronic cough can be improved with successful treatment.

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