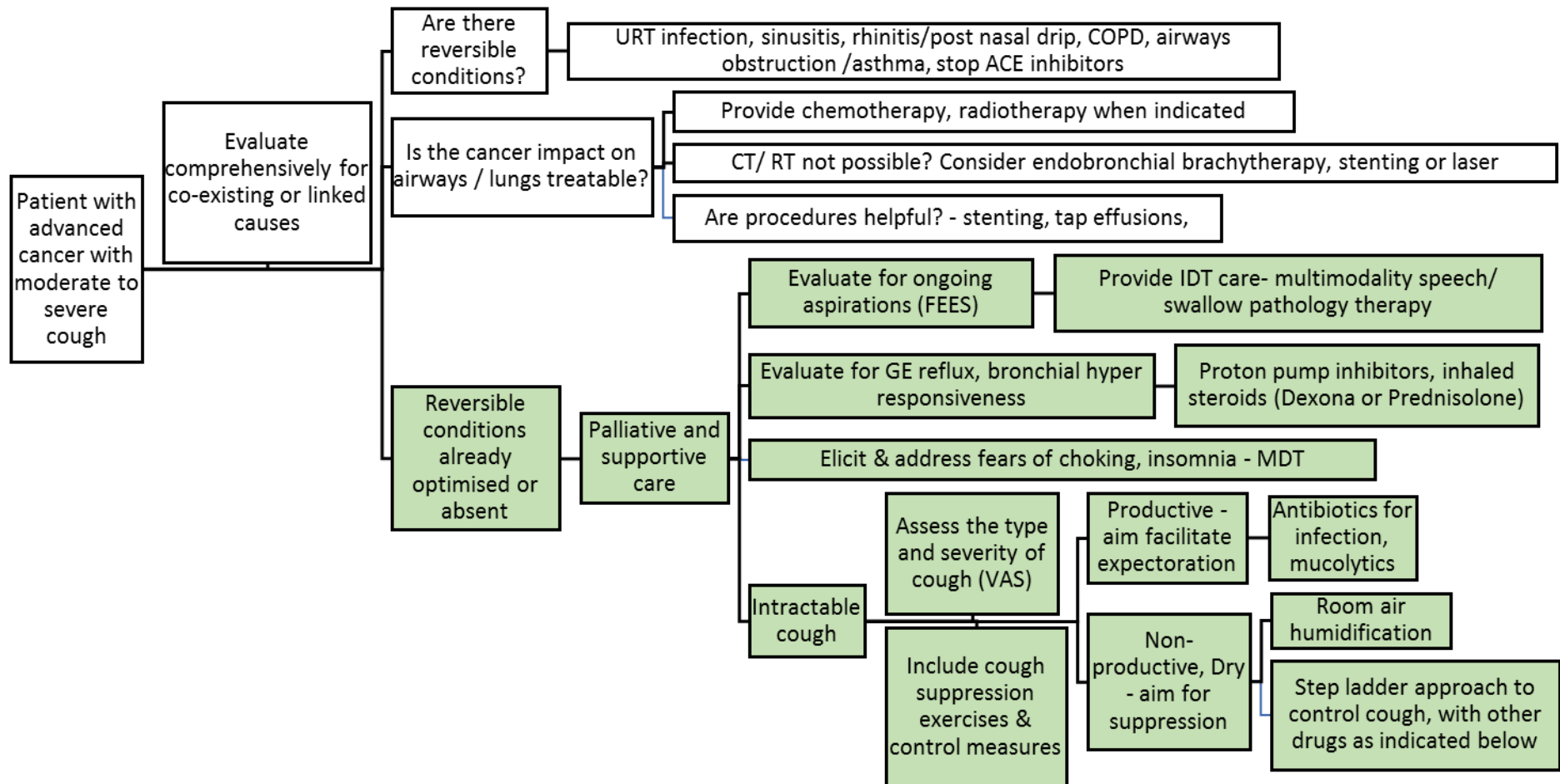


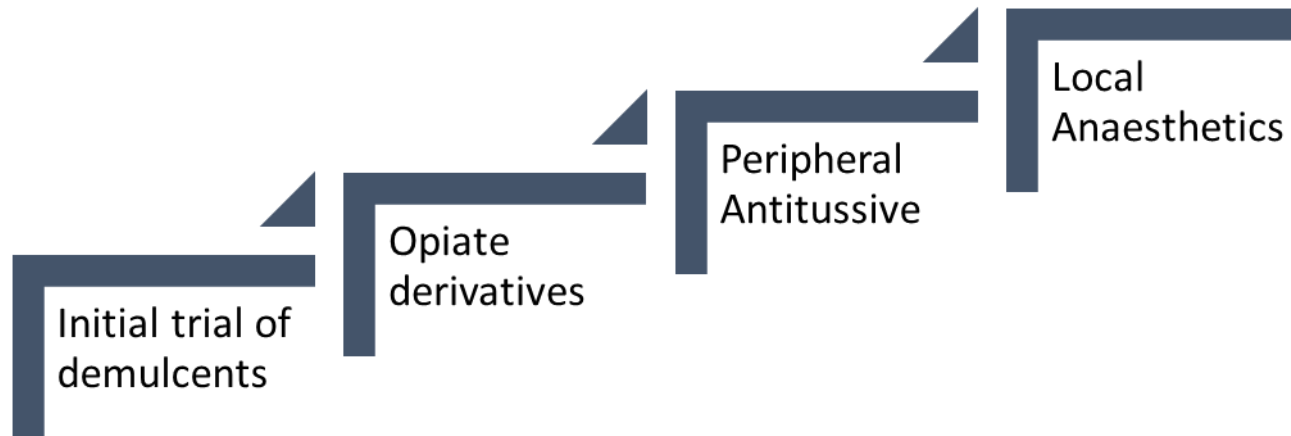
NCG Guidelines - Cough

Approach to Managing Cough in Cancer Patients¹



¹ Cough Severity Visual Analogue Scale (VAS): a 100mm line marked with “no cough” at 0mm and “worst cough” at 100mm. Patients are asked to mark along the line to represent their perceived cough severity.

Medications - Step ladder Approach.² (Choice of treatment may be dictated by availability rather than pharmacologic parameters)



1. Demulcents: An initial trial for mild-moderate non-productive cough

- a. Demulcents - containing soothing substances such as syrup and glycerol taste good and are harmless and inexpensive
- b. Mucolytics - N-Acetylcysteine or Steam inhalations or Nebulised saline or Carbocisteine
- c. Muco -kinetics - Bromhexine 5 ml TDS / QDS

2. Opiate-derivative - titrated to an acceptable side-effect profile. (Known to improve sleep if given at bed-time)

- a. Morphine
 - i. 2.5 - 5 mg Q 4hrly in opioid naïve; 25% dose increase in those already on opioids
 - ii. Change to 5-10 mg slow-release morphine BD once effect is established
- b. Dihydrocodeine 10 mg TDS / Pholcodine 5-10 ml of 5mg/5 ml – difficult to access
- c. Dextromethorphan 10-20 mg 4-6 hrly - NMDA antagonism at cough center/demulcent

² Molassiotis A, Bailey C, Caress A, Tan JY. Interventions for cough in cancer. Cochrane Database Syst Rev. 2015;(5):CD007881.

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- d. Methadone as linctus
 - i. Single dose 2 mg (2 mL of 1 mg/mL solution) – only by experienced specialist
 - ii. When cough + Pain (Nociceptive + Neuropathic)
 - e. Codeine – not preferred due the poorer side-effect profile of the latter.
3. **Peripherally acting antitussive – for opioid-resistant cough** (Current availability in sub-therapeutic dose)
- a. Inhaled cromoglycate - 10 mg X QDS (reduces response of C fibres at peripheral lung)
 - b. Moguisteine - 100-200 mg X TDS – (reduces response of Rapidly Acting Receptors (RAR))
 - c. Levodropropizine - 75 mg X TDS - (reduces response of C fibres)
4. **Local Anaesthetics** (inhibits stretch receptors in the Lower Resp Tract, lungs, pleura)
- a. **Benzonatate** -100-200 mg X TDS or as nebulization
 - b. **Nebulized lignocaine/bupivacaine** – Inhibit sensory nerves + Central effect
 - i. 5 ml: 2% lignocaine or 0.25% bupivacaine
 - ii. Can increase the risk of aspiration - No food / drinks for at least an hour after treatment
 - iii. The first dose should be given as an inpatient to rule out reflex bronchospasm
 - iv. Avoid in elderly, and before feeding.
 - v. Useful as bed-time suppressant
5. Sedation for symptom control may be considered on very rare occasions - If patient is unresponsive to any of the above – refer to NCG guidelines on the same

Other drugs

- a. Antibiotics - will need to be considered on a case by case basis
 - i. Indicated when there is a symptomatic pneumonia in a patient with pre-morbid ECOG status ≤ 2
 - ii. When ECOG > 3 - the beneficence of a short course of a broad-spectrum antibiotic varies. It is not useful in patients with limited prognosis when they have had several prior courses of antibiotics; do not have sufficient time left for antibiotics to benefit, or when there is loss of the oral route; and institution based parenteral therapy adds to the distress.
- b. Nebulized bronchodilators – short and long-acting

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- c. Steroids -Dexamethasone 4-8 mg / day or Prednisolone 30 mg daily for 7 days - For reducing pressure on the airway due to direct tumour oedema
- d. If bronchorrhea – use antisecretory medications - Ipratropium, glycopyrrolate or octreotide

Supportive Care ^{3 4}

1. **Interdisciplinary Team (IDT) - Speech therapists and respiratory physiotherapist**
 - a. **Cough suppression exercises** - including education, identifying cough triggers, cough suppression techniques - pursed lip breathing, swallowing, sipping water, improvements in laryngeal and vocal hygiene and hydration, diaphragmatic breathing exercises, and counselling.
 - b. **Postural drainage** to help clear sputum
2. **Room air humidification for dry cough**
3. **Emotional – address if there is fear of choking. Focus on addressing sleep disturbance due to irritant cough**

³ Symptomatic Treatment of Cough Among Adult Patients With Lung Cancer: CHEST Guideline and Expert Panel
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6026217/#:~:text=In%20adult%20patients%20with%20lung%20cancer%20who%20require%20a%20pharmacological,where%20available%20\(Grade%20C\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6026217/#:~:text=In%20adult%20patients%20with%20lung%20cancer%20who%20require%20a%20pharmacological,where%20available%20(Grade%20C))

⁴ Treatment of Unexplained Chronic Cough: CHEST Guideline and Expert Panel Report <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5831652/>