Patient-Reported Variables Associated with the Success of Behavioral Intervention for Patients with Chronic Cough

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Chronic Cough (CC), a cough that persists for more than 8 weeks, accounts for millions of visits to physicians each year. Approximately 10-20% of patients with CC do not respond to medical treatment. Many of these patients are successfully treated with behavioral cough suppression therapy (BCST); however, the medical model recommends exhausting all medical options before considering BCST. This model is expensive and time consuming for the patients whose cough is resolved with BCST.

Purpose

• To determine if there are patient-reported variables that are associated with success of BCST.
• To create a valid screening tool that physicians can use to determine candidates for early referral to BCST.

Participants

Adults with CC referred to an SLP for BCST (N=43)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean Age</th>
<th>Male</th>
<th>Female</th>
<th>Mean Cough Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCST-S</td>
<td>30</td>
<td>49</td>
<td>4</td>
<td>26</td>
<td>34 months</td>
</tr>
<tr>
<td>BCST-NS</td>
<td>13</td>
<td>53</td>
<td>5</td>
<td>8</td>
<td>4 months</td>
</tr>
</tbody>
</table>

What is behavioral cough suppression therapy (BCST)?

• Cough suppression strategies: relaxing throat, breathing techniques, sipping water, swallowing hard
• Vocal hygiene: hydration, minimize clearing throat, do not overuse vocal cords or strain with screaming
• Education/counseling: reflux, post nasal drip, cough hypersensitivity syndrome and the rationale for cough suppression

Results indicate a successful screening tool can be created

• Increase number of participants (N of ~340)
• Include patients who improve with medical treatment alone
• Look closer at compliance, triggers, medical vs BCST contribution to improvement
• Eliminate non-relevant items
• Test validity

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