# Diagnosis and Management of Cough: ACCP Evidence-Based Clinical Practice Guidelines

**Executive Summary:** ACCP Evidence-Based Clinical Practice Guidelines

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## Introduction to the Diagnosis and Management of Cough: ACCP Evidence-Based Clinical Practice Guidelines

Richard S. Irwin

## Methodology and Grading of the Evidence for the Diagnosis and Management of Cough: ACCP Evidence-Based Clinical Practice Guidelines

Douglas C. McCrory; Sandra Zelman Lewis

## Anatomy and Neurophysiology of the Cough Reflex: ACCP Evidence-Based Clinical Practice Guidelines

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## Global Physiology and Pathophysiology of Cough: ACCP Evidence-Based Clinical Practice Guidelines

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## Complications of Cough: ACCP Evidence-Based Clinical Practice Guidelines

Richard S. Irwin

## Overview of Common Causes of Chronic Cough: ACCP Evidence-Based Clinical Practice Guidelines

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## Chronic Upper Airway Cough Syndrome Secondary to Rhinosinus Diseases (Previously Referred to as Postnasal Drip Syndrome): ACCP Evidence-Based Clinical Practice Guidelines

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## Cough and the Common Cold: ACCP Evidence-Based Clinical Practice Guidelines

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## Chronic Cough Due to Asthma: ACCP Evidence-Based Clinical Practice Guidelines

Peter V. Dicpinigaitis

## Chronic Cough Due to Gastroesophageal Reflux Disease: ACCP Evidence-Based Clinical Practice Guidelines

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## Chronic Cough Due to Acute Bronchitis: ACCP Evidence-Based Clinical Practice Guidelines

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## Chronic Cough Due to Chronic Bronchitis: ACCP Evidence-Based Clinical Practice Guidelines

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## Chronic Cough Due to Nonasthmatic Eosinophilic Bronchitis: ACCP Evidence-Based Clinical Practice Guidelines

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## Chronic Cough Due to Bronchiectasis: ACCP Evidence-Based Clinical Practice Guidelines

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Chronic Cough Due to Nonbronchiectatic Suppurative Airway Disease (Bronchiolitis): ACCP Evidence-Based Clinical Practice Guidelines
Kevin K. Brown

Postinfectious Cough: ACCP Evidence-Based Clinical Practice Guidelines
Sidney S. Braman

Chronic Cough Due to Lung Tumors: ACCP Evidence-Based Clinical Practice Guidelines
Paul A. Kvale

Cough and Aspiration of Food and Liquids Due to Oral-Pharyngeal Dysphagia: ACCP Evidence-Based Clinical Practice Guidelines
Carol A. Smith Hammond; Larry B. Goldstein

Angiotensin-Converting Enzyme Inhibitor-Induced Cough: ACCP Evidence-Based Clinical Practice Guidelines
Peter V. Dicpinigaitis

Habit Cough, Tic Cough, and Psychogenic Cough in Adult and Pediatric Populations: ACCP Evidence-Based Clinical Practice Guidelines
Richard S. Irwin; William B. Glomb; Anne B. Chang

Chronic Cough Due to Chronic Interstitial Pulmonary Diseases: ACCP Evidence-Based Clinical Practice Guidelines
Kevin K. Brown

Cough: Occupational and Environmental Considerations: ACCP Evidence-Based Clinical Practice Guidelines
Susan M. Tarlo

Chronic Cough Due to Tuberculosis and Other Infections: ACCP Evidence-Based Clinical Practice Guidelines
Mark J. Rosen

Peritoneal Dialysis and Cough: ACCP Evidence-Based Clinical Practice Guidelines
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Cough in the Immunocompromised Host: ACCP Evidence-Based Clinical Practice Guidelines
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Uncommon Causes of Cough: ACCP Evidence-Based Clinical Practice Guidelines
Udaya B.S. Prakash

Unexplained (Idiopathic) Cough: ACCP Evidence-Based Clinical Practice Guidelines
Melvin R. Pratter

An Empiric Integrative Approach to the Management of Cough: ACCP Evidence-Based Clinical Practice Guidelines
Melvin R. Pratter; Christopher E. Brightling; Louis Philippe Boulet; Richard S. Irwin

Assessing Cough Severity and Efficacy of Therapy in Clinical Research: ACCP Evidence-Based Clinical Practice Guidelines
Richard S. Irwin

Cough Suppressorant and Pharmacologic Protussive Therapy: ACCP Evidence-Based Clinical Practice Guidelines
Donald C. Bolser

Nonpharmacologic Airway Clearance Therapies: ACCP Evidence-Based Clinical Practice Guidelines
F. Dennis McCool; Mark J. Rosen

Guidelines for Evaluating Chronic Cough in Pediatrics: ACCP Evidence-Based Clinical Practice Guidelines
Anne B. Chang; William B. Glomb
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Disclosure of Faculty Conflict of Interest

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The following panelists have indicated to the ACCP that no potential conflict of interest exists with any respective company/organization, and this is to be communicated to the readers of this guideline:

Dr. Irwin reveals no real or potential conflicts of interest or commitment.
Dr. Bolser reveals no real or potential conflicts of interest or commitment.
Dr. Canning reveals no real or potential conflicts of interest or commitment.
Professor Eccles reveals no real or potential conflicts of interest or commitment.
Dr. Glomb reveals no real or potential conflicts of interest or commitment.
Dr. Hargreave reveals no real or potential conflicts of interest or commitment.
Dr. Hammond reveals no real or potential conflicts of interest or commitment.
Dr. Kvale reveals no real or potential conflicts of interest or commitment.
Dr. Lewis reveals no real or potential conflicts of interest or commitment.
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Dr. Prakash reveals no real or potential conflicts of interest or commitment.

Dr. Shannon reveals no real or potential conflicts of interest or commitment.

The following panelists have disclosed to the ACCP that a relationship does exist with the identified companies/organizations, although these may not necessarily involve the topic of this guideline:

Dr. Baumann discloses that he is a shareholder of stock in Pfizer and Merck. He receives a consultant fee and serves on both speaker bureaus and advisory committees for Pfizer, Merck, Glaxo, and Boehringer.

Dr. Boulet discloses university grant monies from Altana Pharma research program in collaboration with the University Laval for $225,000 over 2 years. Other grant monies have been received from the Canadian Institute of Health research (CIHR), Institut de Recherche en Santé du Québec (IRSST), Fonds de Recherche en Santé du Québec (FRSQ), Réseau en Santé Respiratoire (RSR-FRSQ), and Canadian Network of Centers of Excellence Allergen. Industry grants were received from 3M, AstraZeneca, Altana Pharma, Aventis, GlaxoSmithKline, Merck Frosst, Novartis, Schering, Genetech, Dynavax, and Roche. Dr. Boulet received consultant fees from AstraZeneca, Altana Pharma, Aventis, Boehringer-Ingelheim, GlaxoSmithKline, Merck Frosst, Novartis, Schering, Lung Associations, Canadian Provincial and Federal Governments and has served on advisory committees to AstraZeneca, Altana Pharma, GlaxoSmithKline, Merck Frosst, and Novartis.

Dr. Braman discloses that he has received grant monies from AstraZeneca for clinical trials. He has received consultant fees and serves on both speaker bureaus and advisory committees for GlaxoSmithKline and Pfizer/Altana.

Dr. Brightling discloses grant income from MRC, Asthma UK, GSK, Schering-Plough, and CAT. He serves on a speaker bureau for AstraZeneca and GSK and has received consulting fees from AstraZeneca.

Dr. Brown discloses grant monies from NIH, NIEHS, NHLBI, Wyeth, Fibrogen, Genzyme, and Actelion and he has served on advisory committees for Wyeth, Fibrogen, Actelion, Encysive, Internune, Genzyme, and Arizeke.

Dr. Chang discloses $2000 for an educational grant from Glaxo SKB.
Dr. Dicpinigaitis discloses consultant fees from Elan and Adams Respiratory Therapeutics, speaker bureau participation for Boehringer-Ingelheim and Pfizer, and membership in an advisory committee for Schering-Plough.

Dr. Goldstein has received research grants from NIH, Veterans Administration, CDC and UNC – Chapel Hill. He has served as the PI or on steering committees for clinical trials funded by Boehringer-Ingelheim, AGA Corp and Pfizer-Parke-Davis. Speaker honoraria were received from Bayer and Pfizer-Parke-Davis. Dr. Goldstein has participated in consultant or advisory boards for AstraZeneca, BMS/Sanofi, CuraGen Corp, DPharma, GlaxoSmithKline, Johnson & Johnson, Merck Research labs, Pfizer-Parke-Davis, and Proneuron Biotechnologies.

Dr. Graham has received grant monies from GlaxoSmithKline, AstraZeneca, and Sepracor. Consultant fees were paid to him by Merck and GlaxoSmithKline. He served on speaker bureaus for Merck, GlaxoSmithKline, AstraZeneca, and Sepracor and on advisory committees for Merck and GlaxoSmithKline.

Dr. Pratter received an unrestricted educational grant from Genentech and served on the speaker bureau for Boeringer-Ingelheim.

Dr. Rosen served on the speaker bureaus for Glaxo, Boehringer, Pfizer, and Schering.

Dr. Schulman has received grant monies from Boehringer-Ingelheim, Pfizer, Novartis, Genentech, CV Therapeutics, Sepracor, and GlaxoSmithKline. Consultant fees were received from Novartis and Genentech. Dr. Schulman serves on speaker bureaus for Merck, Novartis, and Genentech.

Dr. Tarlo has received consulting fees from Dow Chemical and Health Canada. She serves on an advisory committee for the Alberta University EPC for the AHRQ-funded review on occupational asthma.
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