Somatic Cough Syndrome (Previously Referred to as Psychogenic Cough) and Tic Cough (Previously Referred to as Habit Cough) in Adults and Children

CHEST Guideline and Expert Panel Report

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CHEST 2015; 148(1):24-31
### COI Grid: Psychogenic Cough

<table>
<thead>
<tr>
<th>Recommendation or Suggestion</th>
<th>Anne E Verligan, PhD, MBA</th>
<th>M Hassan Murad, MD, MPH</th>
<th>Tamara Pringsheim, MD, MSc</th>
<th>Anthony Feinsteina, MBBS, PhD</th>
<th>Peter A Niewoehner, PhD</th>
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<th>Lorcan McGuirie, MD</th>
<th>Kelly Wels, MS</th>
<th>Kenneth W Allman, MD, PhD</th>
<th>Miles Werbelger, MD, FCPA</th>
<th>Richard S Irwin, MD, Master ECPA</th>
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<td><strong>1. In adults or children with chronic cough, we suggest that the presence or absence of night time cough or cough with a burping or heaving character should not be used to diagnose or exclude psychogenic or habitual cough</strong> (Grade 2C).</td>
<td>None</td>
<td>None</td>
<td>Received grants from the Sick Kids Foundation, Alberta Mental Health Strategic Clinical Network, Hotchkiss Brain Institute, Shire Canada, Canadian Institute of Health Research, Public Health Agency of Canada, and the Tourette Syndrome Foundation of Canada. Participated on advisory boards for Shire Canada and Teva Neuroscience.</td>
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<td><strong>2. In adults with a persistently troublesome chronic cough, we suggest that the presence of depression and/or anxiety not be used as diagnostic criteria for psychogenic cough because patients with a persistently troublesome chronic cough can develop these psychological symptoms when their coughs remain untreated</strong> (Grade 2C).</td>
<td>None</td>
<td>None</td>
<td>Received grants from the Sick Kids Foundation, Alberta Mental Health Strategic Clinical Network, Hotchkiss Brain Institute, Shire Canada, Canadian Institute of Health Research, Public Health Agency of Canada, and the Tourette Syndrome Foundation of Canada. Participated on advisory boards for Shire Canada and Teva Neuroscience.</td>
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<td><strong>3. In adults and children with chronic cough that has remained medically unexplained after a comprehensive evaluation based upon the most current evidence-based management guideline, we recommend that the diagnosis of tic cough be made when the patient manifests the core clinical features of tics that include suppressibility, distractibility, suggestibility, variability, and the presence of a premotoric sensation whether or not the cough is single or one of many tics</strong> (Grade 1C).</td>
<td>None</td>
<td>None</td>
<td>Received grants from the Sick Kids Foundation, Alberta Mental Health Strategic Clinical Network, Hotchkiss Brain Institute, Shire Canada, Canadian Institute of Health Research, Public Health Agency of Canada, and the Tourette Syndrome Foundation of Canada. Participated on advisory boards for Shire Canada and Teva Neuroscience.</td>
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4. In adults and children with chronic cough, we suggest against using the diagnostic terms habit cough and psychogenic cough (Ungraded Consensus-Based Statement).

   Chronic cough, we suggest substituting the diagnostic term tic cough for habit cough to be consistent with the DSM-5 classification of diseases and because the definition and features of a tic capture the habitual nature of cough (Ungraded Consensus-Based Statement). Remarks: A simple cough tic in children may respond to suggestion therapy alone, as if it were just a “habit”. A cough tic in isolation that persists for more than one year would be referred to by DSM V criteria as a chronic vocal tic.

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5. When disseminating research findings on tic cough, we suggest adding the parenthetical term (habit) (e.g., tic cough [habit]) for three years, to help smooth the adoption of the new name, avoid confusion in the medical literature, and facilitate bibliographic database searches (Ungraded Consensus-Based Statement).

| Received grants from the Sick Kids Foundation, Alberta Mental Health Strategic Clinical Network, Hotchkiss Brain Institute, Shire Canada, Canadian Institute of Health Research, Public Health Agency of Canada, and the Tourette Syndrome Foundation of Canada. Participated on advisory boards for Shire Canada and Teva Neuroscience. | None | None | None | None | None | None | None | None | None | None | None | None |

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7. In adults and children, we suggest substituting the diagnostic term somatic cough disorder for psychogenic cough to be consistent with the DSM-5 classification of diseases (Ungraded Consensus-Based Statement).
Remarks: The term "psychogenic" has disappeared from the DSM classification of diseases because functional imaging studies have started showing central correlates for disorders previously thought to be of a pure psychogenic nature.

| None | None | None | None | None | None | None | None | None | None | None | None | None |

8. When disseminating research findings on somatic cough disorder, we suggest adding the parenthetical term (psychogenic) (e.g., somatic cough disorder [psychogenic]) for three years, to help smooth the adoption of the new name, avoid confusion in the medical literature, and facilitate bibliographic database searches (Ungraded Consensus-Based Statement).

| None | None | None | None | None | None | None | None | None | None | None | None | None |

9. In adults and children, we suggest that the diagnosis of somatic cough disorder can only be made after an extensive evaluation has been performed that includes ruling out tic disorders and uncommon causes and the patient meets the DSM-5 criteria for a somatic symptom disorder (Grade 2C).

| None | None | None | None | None | None | None | None | None | None | None | None | None |

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10. In children with chronic cough diagnosed with somatic cough disorder (previously referred to as psychogenic cough), we suggest non-pharmacological trials of hypnosis or suggestion therapy or combination of reassurance, counseling, or referral to a psychologist and/or psychiatrist (Grade 2C).

| Panelist | None | None | None | None | None | None | None |

Conflict of Interest Grid. This spreadsheet is used to keep track of which panelists have conflicts of interests relevant to which recommendations. It allows staff and panel leadership to prevent voting by conflicted panelists whose conflicts are being managed.