

# COUGH AS A SIGN OF...

# REFLUX?

You may have  
to look beyond  
your airways  
to put an end  
to chronic cough

by Dr. David Armstrong

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Coughing is the soundtrack of the winter season. Colds, flus and the assault of the west wind turn all of us into periodic hackers. But what about the year-round cough? The husky hoarse voice that doesn't clear? While of course it might be chronic bronchitis, it could also be caused by gastroesophageal reflux.



In North America, chronic cough is generally thought to have three main causes: asthma, post-nasal drip, and **gastroesophageal reflux disease (GERD)**. This last one may surprise you, as the most common GERD symptoms are heartburn and regurgitation. However, a global group of experts has agreed that refluxed acid gastric contents can affect the upper airways or the bronchial system, causing “extra-esophageal” conditions such as laryngitis (reflux laryngitis syndrome) or hoarseness and cough (reflux cough syndrome).

Other less usual symptoms of GERD are frequent throat-clearing, chronic sore throat, earache, dental erosion and chest pain that isn’t caused by heart problems. Why acid reflux causes heartburn in some people and chest pain in others isn’t well understood. Furthermore, recent expert reviews have cautioned that these extra-esophageal syndromes usually have more than one cause [see sidebar, opposite].

Much as reflux can cause cough, there’s some suspicion that cough can also trigger reflux and that reflux can prolong or worsen a cough from other causes.

### FINDING THE CAUSE OF COUGH

Gastroesophageal reflux may not be the first thing that springs to mind when you have a chronic cough. And that probably goes for your doctor as well. Diagnosis is especially difficult because most people who have respiratory symptoms of GERD don’t experience heartburn. **Endoscopy**, the usual test for GERD, is generally negative. However, if no



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other cause can be identified for the cough, dealing with GERD may help resolve it. Treatment is most likely to be effective if you have typical GERD symptoms along with cough.

The other options for diagnosis are 24-hour ambulatory esophageal monitoring of acid (pH) or impedance (to detect non-acid reflux).

## GERD MAY NOT BE THE ONLY CAUSE

Co-contributors to cough, hoarseness and laryngitis:

- postnasal drip
- allergic rhinitis
- infections
- habitual throat clearing
- tobacco, alcohol
- excessive voice use
- allergens
- exercise
- temperature or climate changes
- emotional conflicts
- environmental irritants



See the glossary on page 23 for a definition.

GERD-related cough can take many different forms: it can be dry or productive (producing phlegm), is more often present during the day when you're sitting or standing than when you're lying down at night, and is often not accompanied by heartburn or other more obvious signs of GERD. Certainly, if you have chronic cough along with symptoms of heartburn or regurgitation, GERD should always be considered a possible cause.

If cough is due to GERD, it may nearly or completely disappear with treatment. It's uncertain, however, whether you'll remain cough-free once you stop treatment. If the cough persists after two to four months of treatment, other causes should be considered.

### DO YOUR PART

A number of lifestyle measures will help you get rid of GERD. These include an antireflux diet (see side-



## BE PREPARED

### UNDERSTAND THE DIAGNOSIS

IF YOU'VE JUST RECEIVED A NEW DIAGNOSIS, MAKE SURE YOU FIND OUT EVERYTHING YOU NEED TO KNOW FROM YOUR DOCTOR.

What is the medical condition called?

Why do I have this medical problem?

How serious is the medical condition?

Can I expect complete recovery or will it remain the same or get worse?

Will this condition affect my normal activities? If so, how?

How long will I have to follow the treatment for this condition?

How will I know if the condition is improving or getting worse?


Where can I find more information about the medical condition?

The questions were developed by Dr. Don Cegala, Professor in the Department of Family Medicine at Ohio State and author of the PACE system. He wants to help patients communicate more effectively with their doctors. He developed the PACE system to encourage patients to: Present detailed information, Ask questions, Check your understanding and Express concerns. Check out his website at: <http://patcom.jcomm.ohio-state.edu>

bar, opposite) smoking cessation, eliminating alcohol and restricting vigorous exercise that will increase abdominal pressure. Weight loss should be attempted if you're overweight, as excess weight contributes to GERD symptoms.

### THE IMPORTANCE OF TREATING GERD

While getting rid of annoying cough is motivation enough to treat GERD, it's not the only reason. GERD interferes with many aspects of your daily life and ongoing exposure to acid reflux can harm the **esophagus**. Cough, like heartburn, signals a problem that needs to be dealt with.

If you have a new diagnosis, make sure you know what it means, what to expect and how to manage it. See the Be prepared! sidebar for some sample questions to ask your doctor. 



## DIET TIPS

An antireflux diet aims to restrict or eliminate the consumption of:

- fat (limit to 45 g in a 24-hr period)
- coffee, tea, soda
- chocolate
- mint
- citrus products, including tomatoes



# Your digestive system fuels your life.

Our digestive system is at work every minute of every day fuelling our bodies and minds. Sometimes, this critical system doesn't work properly and we suffer.

More than 20 million Canadians experience at least one digestive disorder each year. This results in 18 million sick days and more than \$8 billion in health care costs.

Unfortunately, most people are embarrassed to talk about symptoms like gas, bloating, cramping and diarrhea.

Too many people suffer in silence. It doesn't have to be this way. There are healthy solutions...if you break the silence.

Talk to your doctor today.

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The CDHF is the foundation of the Canadian Association of Gastroenterology