A variety of treatment techniques for chronic/habit cough have been purported throughout the literature with varying degrees of success. We have found the most successful and efficient technique to be a speech treatment approach, similar to that which would be employed with hyperfunctional voice disorders, aphonia, and vocal cord dysfunction. This approach was first reported to be effective with chronic/habit cough by Blager et al. (1987 & 1988) of the National Jewish Center for Immunology and Respiratory Medicine and University of Colorado Health Sciences Center.

Blager et al. (1987 & 1988) of the National Jewish Center for Immunology and Respiratory Medicine and University of Colorado Health Sciences Center.
Chronic / Habit Cough Treatment at CMHC: Team Approach

Chronic/habit cough is treated in a team approach at Children's Mercy Hospitals and Clinics of Kansas City, Missouri. The team involves one of the hospital's physicians (specializing in lung care, i.e., pulmonology, asthma, allergies, etc.) and a speech-language pathologist, with specialty training in the area of chronic/habit cough and vocal cord dysfunction.

The physician sees the patient for a complete review of the patient's medical history, conducts a physical examination and may order some diagnostic assessments, such as peak flows or chest x-ray. These will provide the physician with sufficient information to diagnose chronic/habit cough. Then, the physician refers the patient to a speech-language pathologist (SLP) in the Hearing & Speech Department.

BIBLIOGRAPHY


Treatment Process

The SLP meets with the patient and the family, reviewing the history, documenting number and types of coughs, precipitating factors to the cough onset, and describing the force and manner of the coughing. Following this, the SLP discusses the diagnosis and explains the treatment and anticipated outcomes. Treatment is usually initiated in the first session. Treatment techniques include: education regarding the disorder; learning to recognize symptoms within one's own body; training in correct diaphragmatic breathing techniques; training relaxation of the upper body; and learning to interrupt early cough sensations and on-going coughing sequences with a "swallow-breathe" technique. The patient is usually able to eliminate or significantly decrease the number and force of the coughs during the first visit. The patient is dismissed to home with a "homework" assignment to practice the specialty techniques for one week. Follow up is scheduled in one to two weeks, and the control techniques are fine-tuned, as needed. One to two follow up sessions is usually sufficient to maintain cough control.

For More Information:  Contact the Hearing & Speech Department at Children's Mercy Hospitals & Clinics:

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