

the other hand, patients with chronic cough who have normal findings on chest examination, lung function testing, oxygenation assessment, and chest CT can be reassured as to the absence of serious pulmonary pathology.

■ GLOBAL CONSIDERATIONS

Regular exposure to air pollution can cause chronic cough and throat clearing, as well as lower respiratory tract disease. Smoke from cooking and heating fuels in poorly ventilated homes; toxic exposures in work settings lacking implementation of occupational safety standards; and ambient chemicals and particulates in highly polluted outdoor air are all forms of air pollution causing cough. Limited therapeutic options are available; treatment focuses on improving environmental air quality (e.g., use of a stove chimney in the home), removal from the exposure, and use of an appropriate face mask.

In areas of the world where tuberculosis is endemic, chronic cough conjures the possibility of active pulmonary tuberculosis and mandates appropriate evaluation, including chest imaging and sputum analysis.

■ SYMPTOM-BASED TREATMENT OF COUGH

Empiric treatment of chronic idiopathic cough with inhaled corticosteroids, inhaled anticholinergic bronchodilators, and macrolide antibiotics has been tried without consistent success. Currently available cough suppressants are only modestly effective. Most potent are narcotic cough suppressants, such as codeine, hydrocodone, or morphine, which are thought to act in the “cough center” in the brainstem. The tendency of narcotic cough suppressants to cause drowsiness and constipation and their potential for addictive dependence limit their appeal for long-term use. Dextromethorphan is an over-the-counter, centrally acting cough suppressant with fewer side effects and less efficacy than the narcotic cough suppressants. Dextromethorphan is thought to have a different site of action than narcotic cough suppressants and can be used in combination with them if necessary. Benzonatate is