

# Cough in IPF

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***Why do I cough?***

***What does it mean?***

**Severity, Prognosis**

***How can I treat it?***

***Where is the field going?***

**Research, experimental therapies**

**Recommendations from the audience**

## ***Why do I cough?***

**IPF as the cause of your cough is a diagnosis of exclusion - the diagnosis of an IPF cough is made once common causes of cough are excluded**

**Common causes to consider:**

**post-nasal drip from inflammation / irritation of nose and/or  
sinuses can be either allergic or non-allergic in  
nature**

**asthma / allergies**

**esophageal reflux (acid reflux, GERD)**

**smoking, COPD – chronic bronchitis**

**medications**

**I don't have any of those conditions, or if I do, they are well treated, so why do I cough?**

**If you have IPF and you cough, it is more likely than not that your cough is related to IPF**

**An IPF cough seems to be a result of:**

**Excessive excitability of airway nerves**

**Distortion of small airways**

**Traction bronchiectasis – increased sputum production and pooling**

**GERD**

**Risk factors for IPF related cough:**

**No history of smoking**

**More advanced disease**

## ***What does it mean?***

**Does my cough tell me something about my condition?**

**Commonly used measurements of disease activity:**

- **FVC and changes in FVC over time**
- **DLCO and changes in DLCO over time**
- **6MWT distance and changes in 6MWT distance over time**
- **6MWT oximetry and changes in 6MWT oximetry over time**
- **Presence or development of pulmonary hypertension**
- **Shortness of breath**
- **Others**

**Cough?**

**Does a persistent cough predict worsening?**

**Possibly, but only 1 trial demonstrating this**

**It is likely that other measurements more accurately predict progression**

**Does a new / worsening cough signal an up-tick in disease activity?**

**Possibly, important to share these changes with your physician**

# *How can I treat my cough?*

**Oral therapies**

**Nebulized treatments**

**Other**

## Oral therapies:

### OTC

dextromethorphan (max dose 120mg / day)  
(guaifenesin is not a cough suppressant)

### Prescription

#### Opiates

codeine, hydrocodone, morphine

#### Benzonatate

#### Prednisone

## **Nebulized options:**

**Saline**

**Hypertonic saline**

**Ipratropium / albuterol**

**Lidocaine**

**Morphine / hydromorphone**

## **Other:**

**fentanyl patch**

**inhalers**

# *Where is the field going?*

## **IPF-cough Research:**

### **Thalidomide**

[[www.clinicaltrials.gov](http://www.clinicaltrials.gov) "cough thalidomide"]

Horton MR Thorax 2008 : 10/11 significant/complete resolution

### **Pomalidomide**

[[www.clinicaltrials.gov](http://www.clinicaltrials.gov) "cough pomalidomide"]

### **IFN $\alpha$**

Lutherer LO Thorax 2011 : 5/6 improvement

### **Pirfenidone**

Azuma A Resp Res 2011

## Chronic (non-IPF) cough trials, case reports and series:

**Gabapentin** Ryan NM Lancet 8/12

**Baclofen**

**Paroxetine**

**Amitryptiline**

**Recommendations?**

**Comments?**

**Questions?**