## Cough in Children and Adults: Diagnosis, Assessment and Management (CICADA). Summary of an updated position statement on chronic cough in Australia

**In reply:** We thank Turner and Birring[1] for their interest in our updated position statement on cough in children and adults,[2] particularly for identifying its strength in separating evidence-based strategies for children and adults. We also appreciate their comments on our efforts to highlight the importance of identifying and treating chronic cough in Australian First Nations people.

We agree and acknowledge the many gaps in the current evidence, particularly those relating to the algorithmic management of chronic cough in adults. In childhood chronic cough, multicentre randomised controlled trials of the recommended management algorithm,[3] including community-based studies,[4] have found that using the algorithm improves clinical outcomes. However, no such direct evidence exists in adults. The adult algorithm in our updated position statement is new,[2] and we are aware that it is not currently supported by high quality evidence. We agree and advocate for an approach that focuses on investigations based on clinical probability and recommend that clinicians commence with history and then pursue a hierarchy of investigations. In the case of asthma, bronchial provocation testing should be done only if there is still uncertainty following spirometry and exhaled nitric oxide testing. In the case of asthma and gastro-oesophageal reflux disease, we emphasise the need to make a diagnosis and not rely on treatment trials that are largely ineffective. The expert panel did not agree with using morphine to treat refractory cough in adults in Australian primary care settings, given the problems associated with its use as well as practicalities of access, and we cannot routinely recommend it for long term use in any setting.

There is little doubt that, as highlighted by Turner and Birring,[1] the concept of cough hypersensitivity (as a feature in refractory/unexplained chronic cough in adults) is important in our current era. However, although we did mention cough hypersensitivity, in the context that the statement aims to assist in management of chronic cough in primary care, it is essential that treatable causes of chronic cough are identified before assigning this diagnosis. We highlight that cough hypersensitivity should not be used in childhood chronic cough, for sound reasons explained in a review article.[5]

We agree with the suggestion that increased interest and further research into adult chronic cough would be a positive outcome. We also hope that the statement will raise awareness of the importance of chronic cough, and that its use will lead to better outcomes for patients who experience chronic cough and its associated poor quality of life.

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**Acknowledgements**: We acknowledge all members of the CICADA committee who participated in formulating the updated position statement.

**Open access**: Open access publishing facilitated by Queensland University of Technology, as part of the Wiley - Queensland University of Technology agreement via the Council of Australian University Librarians.

**Competing interests**: Julie Marchant is supported by a senior research fellowship from the NHMRC AusBREATHE CRE and receives personal fees from being an author of two UpToDate chapters. Anne Chang reports multiple grants from the National Health and Medical Research Council (NHMRC) during the conduct of this work; is an independent data monitoring committee member for an unlicensed vaccine (GSK) and an unlicensed monoclonal antibody (AstraZeneca); is an advisory member on the study design for an unlicensed molecule for chronic cough (Merck); and has received personal fees from being an author of two UpToDate chapters. ■

doi: 10.5694/mja2.52269



1 Turner R, Birring S. Cough in Children and Adults: Diagnosis, Assessment and Management (CICADA). Summary of an updated position statement on chronic cough in Australia [letter]. *Med J Aust* 2024; https://doi.org/10.5694/mja2.52268
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3 Chang AB, Oppenheimer JJ, Weinberger M, et al. Use of management pathways or algorithms in children with chronic cough: systematic reviews. *Chest* 2016; 149: 106-119.
4 O'Grady KF, Grimwood K, Torzillo PJ, et al. Effectiveness of a chronic cough management algorithm at the transitional stage from acute to chronic cough in children: a multicenter, nested, single-blind, randomised controlled trial. *Lancet Child Adolesc Health* 2019; 3: 889-898.
5 Chang AB, Irwin RS, O'Farrell HE, et al. Cough hypersensitivity syndrome: why its use is inappropriate in children. *J Clin Med* 2023; 12: 4879. ■