

SA Palliative Care Community Pharmacy Update

A joint initiative of the South Australian Palliative Care Services

A pathological cough is common in people living with advanced disease and can be particularly disrupting, upsetting as well as physically exhausting.

Cough

Coughing normally clears the airways of both endogenous (e.g. secretions) and exogenous (e.g. irritants) matter. Coughing becomes pathological when it leads to other symptoms (e.g. vomiting) or reduces quality of life (e.g. ability to sleep or eat).

Management

A thorough medical history and examination are necessary and may guide management as the main cause is usually a complication of the primary pathology. The table lists some common causes of cough in palliative patients.

Amelioration of the underlying problem (discontinuing ACE inhibitor, managing pulmonary embolus), should be considered initially.

Grouping	Examples
Related to life limiting illness	Dysphagia associated with degenerative illness (e.g. multiple sclerosis) End-stage organ failure
Indirectly related to life limiting illness	Pulmonary embolus Chemotherapy induced (e.g. cyclophosphamide)
Unrelated to life limiting illness	Asthma Gastro-oesophageal reflux Chronic bronchitis Medications: ACE inhibitors, amiodarone, leflunomide, methotrexate, nitrofurantoin, nonsteroidal anti-androgens Postnasal drip

Non-pharmacological management is directed at the symptom (rather than underlying pathology) and includes:

- > Improving the positioning;

- > Inhaling steam or nebulising saline;
- > Performing chest physiotherapy; and
- > Radiation therapy in some instances may be warranted

Pharmacological management of a dry cough includes:

- > OTC formulations such as pholcodine, dextromethorphan and codeine
- > Prescription opioids such as oral morphine. People currently prescribed opioids may benefit from increasing the dose by a sixth or a twelfth of the background dose.
- > A trial of nebulised medications (such as morphine or lignocaine) may be effective, although the evidence for its use is limited. Inhaled morphine has been associated with bronchospasm and patients should be monitored.
- > Unless the patient has an underlying airways condition (e.g. asthma) inhaled bronchodilators or glucocorticoids are of no benefit.

Patients with a moist cough are best managed with non-pharmacological methods unless the symptoms are distressing – under these circumstances, an opioid could be considered.

Useful Resources

- > Australian Medicines Handbook, Aged Care Companion (Chronic Cough)
- > Therapeutic Guidelines (Palliative Care) 3rd Edition

For more information

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