



Clearing Up Cough Confusion

Creator of Zarbee's, Dr. Zak Zarbock, clears up cough confusion with answers to some of the most common questions about coughs.

- **What are the different types of coughs?**

A cough is a natural reflex that is triggered by irritation of the airways or the nerves that control the reflex. There are many conditions, both disease and non-disease related, that might trigger the cough reflex. Learning to identify the distinguishing characteristics of the cough may help in understanding the source. Coughs can be broken down into two main types, productive and non-productive.

Non-productive/Dry Cough

A non-productive cough, also known as a dry cough, produces little to no phlegm. Upper respiratory tract infections, including the common cold, sore throats, sinus infections, and the flu, are common causes of dry cough. Viruses, which cause most upper respiratory tract infections, typically resolve without medications in one to two weeks. A non-productive cough may persist for several weeks after the resolution of the other symptoms of an upper respiratory tract infection.

Other qualities of a non-productive cough that may be helpful in identifying the source include the sound, persistence, or episodic nature. For instance, a barky sounding cough may be an indication of croup, a common viral illness of childhood. A persistent dry cough may be a result of cough-variant asthma, allergies, or gastroesophageal reflux (stomach acid in the esophagus). Exposure to certain airway irritants including pollution and cigarette smoke may also cause a persistent cough. Lastly, a cough may be paroxysmal, which is characterized by periods of severe, nearly continuous coughing, often described as "coughing fits." Asthma, as well as Pertussis (also known as whooping cough), may result in a paroxysmal cough.

Productive/Wet Cough

A productive cough, or a wet cough, is one that produces phlegm. This type of cough typically indicates a disease process involving excessive production of mucus in the lungs or fluid leakage into the airways. Pneumonia is a frequent cause of a productive cough. Pneumonia is an infection originating in the tiny air sacs (alveoli) of the lungs caused by bacteria, viruses, or fungi. The infection triggers an inflammatory response that leads to mucus production and fluid in the airways.

Chronic bronchitis, a form of chronic obstructive pulmonary diseases, is a leading cause of persistent, productive cough. The condition develops with prolonged irritation of the lungs. Chronic bronchitis may also be the result of cigarette smoking. Continual inflammation of the airways creates a significant increase in mucus production, leading to a chronic productive cough.

- **Are coughs contagious?**

Depending on the source, a cough may or may not be contagious. A cough that is a result of a viral or bacterial infection may be very contagious. Conversely, coughs related solely to allergies, asthma or airway irritation may not be contagious at all.

- **What are some signs that a cough requires medical attention?**

It may be difficult to always know when you should go to a doctor for a cough. Signs that you should seek medical attention include:

- A cough that is prolonged, lasting more than a few weeks
- Any shortness of breath, difficulty breathing or wheezing
- Cough associated with fever, chills, sweating, or ill appearance
- Chest pain or painful cough
- Coughing up phlegm that is green, yellow, blood-stained, or foul smelling

- **How long should adults and children wait before seeking medical attention for their coughs?**

In the absence of more concerning symptoms, it is not uncommon for a cough caused by a viral infection to last a few weeks. However, a cough associated with worsening symptoms, especially in children, should probably be evaluated after 7 days.

- **How do you know if a cough is a sign of an infection?**

It is not always obvious as to whether or not a cough is related to an infection or another cause such as allergies, irritants, pollution or simple throat irritation. An infection is often associated with additional symptoms that may include: fever, colored mucus from the nose or lungs, achiness, fatigue, etc.

- **How do I know when a cough is safe enough to go to work/school or if it's better to stay home?**

Simple guidelines on when it is safe to go back to work or school with a cough would include: a non-productive, infrequent cough; no fever for 24 hours; only mild congestion or slight runny nose.

- **How do you know if a cough is related to asthma and allergies?**

Seasonal allergies and asthma can both be a cause of prolonged cough. Allergies are generally associated with runny nose and itchy, watery eyes. The cough related to allergies is triggered by inflammation of the airways and post-nasal drainage leading to throat irritation. Asthma is a condition affecting the lungs themselves, creating both constriction of and inflammation within the lower airways. Asthma is characterized by wheezing, cough, and difficulty breathing, as air is pushed through narrowed airways. This type of cough is usually responsive to medications designed to relax constricted airways and decrease inflammation.

- **What are the dangers surrounding the popular ingredient Dextromethorphan found in lots of drug-based cough medicines?**

Dextromethorphan (DM) is a controversial ingredient used frequently in adult and pediatric cough medications. Even when used according to package instructions, DM may not always be safe for cough. Between 5 and 10% of Americans are poor metabolizers of the drug, which may result in very high levels in the body with repeat use. Very high levels may result in hallucinations, breathing difficulty, coma or even death. The drug is also increasing in popularity among teens and adults as a recreational drug of abuse for its psychedelic effects. This practice has led to many retailers and some states requiring proof of age before purchase.

The use of DM in children is also no longer supported by the American Academy of Pediatrics. It has been shown to be ineffective in children, and given their small size, it may be even more deadly when excessive amounts are ingested.

- **Are there any other cough suppressants available OTC?**

Currently there are no other medicated cough suppressants available over-the-counter.

- **Why did the FDA ban the use of DXM in children?**

In 2008, the US Food & Drug Administration (FDA) issued a Public Health Advisory formally recommending that drug-based OTC cough and cold products not be used in infants and children under the age of two “because serious and potentially life-threatening side effects can occur.”

As a result of the warnings, the Consumer Healthcare Products Association (CHPA), an association that represents most of the makers of children’s OTC cough and cold medicines, announced that its members were voluntarily changing their product labels to say "do not use" in children under 4 years of age and introducing child-resistant packaging and new measuring devices. In Canada and the UK, Dextromethorphan has been banned in products for children under 6.

Are there any concerns with adults?

For many adults, the use of cough and cold products containing ingredients like dextromethorphan (DM) may be problematic and potentially dangerous. While for most, if taken as directed, there is little risk, the benefits may be only marginal. DM is not recommended during pregnancy or breast feeding and may interact with many common medications. The most notable interactions include many regularly prescribed anti-depressants, including the SSRI medications. In fact, 1 in 10 individuals in this country over the age of 12 is taking an anti-depressant, posing a major safety risk. There is also a significant portion of adults in the US (roughly 7%) who are poor metabolizers of DM. While unknown to that individual, poor metabolism could result in dangerously high levels of the drug with repeated use.

- **What are some ways to avoid getting a cough?**

- Be sure to wash your hands regularly, for at least 15 seconds, using soap and water
- Help your immune system by eating a healthy diet, drinking plenty of fluids, exercising, and getting adequate rest
- If your home is dry, a humidifier or the regular use of nasal saline sprays may be helpful
- Try to avoid touching your own face—the gateway for viruses and bacteria—whenever possible
- Allergy sufferers may benefit from avoiding allergy triggers, using non-sedating antihistamines during peak seasons, as well as increased personal hygiene, i.e. washing hair before bed, regularly changing clothing and bed linens
- For chronic congestion or sinusitis, saline sprays or a neti bottle may be helpful to reduce congestion and postnasal drainage
- A cough drop or hard candy may also soothe an irritated throat, further preventing cough

- **Can cough syrup “cure” a cough or does it just soothe it?**

Cough syrups are generally divided into two categories, anti-tussives, which are cough suppressants, and expectorants, which are designed to thin mucus. Neither are cures for a cough, but a suppressant may be helpful in adults to limit the cough reflex. They are generally regarded as ineffective in children. Expectorants may help improve a wet cough by thinning mucus that can be difficult to cough up.

- **Can cough syrup help throat pain sometimes caused by a cough?**

A cough syrup with demulcent or coating properties may be very helpful to soothe throat pain caused by coughing. Zarbee’s dark honey cough syrup has excellent demulcent properties that not only help calm the cough, but also improve sore, irritated throats.

- **Can cough syrup be taken in addition to an antibiotic?**

Cough medicines can be used in conjunction with antibiotics. However, if a person is being treated with an antibiotic for a lung infection, a cough can be the body’s way of clearing irritants from the airways. In this instance, it would be more appropriate to use a natural remedy like honey to soothe throat irritation, without impeding the body’s innate reflex.