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He specialises in children who have chest problems such as cough and asthma and is involved in extensive research into Cystic Fibrosis. He is chairman of the New South Wales Department of Health, Aiming for Asthma Improvement in Children program.

His patients have access to one of the best respiratory diagnostic laboratories in the world at Sydney Children's Hospital.

He is an acknowledged expert in flexible bronchoscopy.



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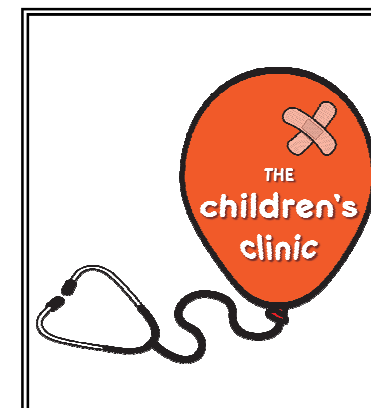
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## Why is my child coughing?

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## Why is my child coughing?

### Lung defences

Our lungs have some important defence mechanisms which protect us from getting infections and for getting rid of inhaled matter such as pollution and dust. Our lung airways are lined with hair like cells called cilia which beat 12 times a second. On top of these cells lies a carpet of mucus which traps inhaled bugs and other things we inhale. The action of the cilia cells is like an escalator which carries the mucus to the top of the lungs and is swallowed. Cigarette smoking for example destroys these cilia cells and makes us more prone to infections. The other important defence mechanism is a cough.

### What causes cough?

We have special cough receptors in the back of the throat, the lower lung airways, heart and ear. The receptors cause us to cough when they are stimulated.

There are many causes for why our children cough and include:

- Infections
  - ◊ *Common viral cold*
  - ◊ *Pneumonia*
  - ◊ *Whooping cough*
  - ◊ *Tuberculosis*
- Allergy
  - ◊ *Post nasal drip*
- Cough variant asthma
- Inhaled foreign body such as a peanuts
- Aspiration and choking with feeds
- Acid reflux
- Psychogenic habit
- Rarer problems

### a) The common cold and persistent isolated cough

This is the commonest cause for coughing. Viral infections which cause common colds invade the airways of the nose and lungs. These cause inflammation and increased mucus which results in recurrent cough throughout the day and particularly at night. The cough receptors may become very sensitive and it is not unusual for children to cough for up to 3 months following a viral cold. Usually half of children with this type of cough get better within 2 weeks. This has been called 'persistent isolated cough'.

Usually the sensible approach is to watch and wait. There is NO evidence that over the counter cough medicines work. There is a concern that these medicines may even be harmful to young children and their use has been banned in many age groups. Antibiotics and asthma relievers also do not work. Keep your child warm and encourage drinking, regular paracetamol and ibuprofen. There is some evidence that menthol rubs such as Vicks rubbed on the chest may help. DO NOT RUB VICKS ON THE NOSTRILS as this can cause inflammation of the lung; follow the manufacturers' instructions. There is some evidence that chicken soup, and lemon and honey drinks may be of benefit. A nasal decongestant does help as it makes your child feel better and helps with sleep. Antibiotics are not effective. There is also some evidence that a 2 week course of high dose inhaled steroids may help with night time cough. It is unlikely that your child will need any investigations and the best policy would be to just watch and wait in the first instance.

### b) Whooping cough

This infection is also called pertussis or a 100 day cough. It is important that all children are vaccinated as it can be a serious infection, particularly in young babies. While there is an antibiotic which reduces how infectious your child is, it does not alter the course of the cough.

### c) Post nasal drip

If your child has an allergy or infection then they may have a post nasal drip which causes your child to cough, particularly at night. Treatment is with nasal saline sprays, steroid sprays, antihistamines or a medication called Montelukast (Singulair).

### d) Is it asthma?

Most children with asthma have wheeze or whistling sound. If your child has eczema or hay fever or if there is a strong family history, and your child coughs at night or with exercise or laughing, then it is possible that this may be asthma. Your child may need some lung function tests which can be done in children over 5 years of age.

### e) Inhaled foreign body

A history of sudden choking and the development of a chronic cough raises the suspicion of an inhaled foreign body. Peanuts are often the main culprit. If there is a high suspicion then your child will need a look down into the airways by an Ear Nose and Throat specialist.

### f) Psychogenic/habit cough

Sometimes children who are under a lot of stress can develop physical symptoms which include a habit cough. The cough is typically a loud 'honk' and disturbs parents when watching TV or teachers at school. Typically the cough disappears when asleep. Reassurance and further consultation with a psychologist with expertise in this area will help with the problem.

### What tests does my child need?

In most cases your child does not need any tests. However, if there is a history of a prolonged moist cough then your child will need further investigations which will be discussed with you by the Paediatric Respiratory Consultant.