Chronic Cough: What We Measure and What We Understand

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Educational background

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Chronic cough that cannot be explained by underlying diseases is more common than often assumed and represents a major unmet clinical need. Cough has traditionally been regarded as a secondary symptom of conditions such as asthma, reflux, or rhinitis. However, there is now increasing recognition that in a substantial proportion of individuals, cough persists despite adequate treatment of comorbidities and should be considered as a primary disease in its own right. This shift has major implications, since patients suffer not only from the symptom itself but also from diagnostic uncertainty, repeated empirical treatments, and the absence of approved therapies. These challenges contribute to a considerable burden on quality of life.

Progress in understanding chronic cough has paralleled the development of methods to measure its various domains. Patient-reported outcomes, cough frequency monitors, and hypersensitivity assessment tools have revealed distinct clinical patterns and highlighted underlying neuro-pathophysiological mechanisms, particularly cough reflex hypersensitivity. These findings support the view that chronic cough is not merely a consequence of other diseases but a distinct clinical entity with definable treatable traits.

This session will describe how chronic cough can be reframed from a secondary symptom to a primary disease, summarizing the defining features and recent evidence that underpin this transition. Particular attention will be given to measurable domains of cough, including frequency, severity, impact on quality of life, and hypersensitivity, which continue to shape current knowledge and guide future approaches to diagnosis and treatment.