Prof. Peter Dicpinigaitis: the treatment of chronic cough in adults

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Figure 1. Peter Dicpinigaitis, MD. Professor of Clinical Medicine, Albert Einstein College of Medicine, New York, USA. (Co-Chairman of the 1st ICC).

Dr. Peter Dicpinigaitis is Professor of Clinical Medicine at the Albert Einstein College of Medicine, in New York. He is triple-board-certified in Internal Medicine, Pulmonary Diseases, and Critical Care Medicine. He serves as the director of the Medical-Surgical Intensive Care Unit of the Einstein Division of Montefiore Medical Center, and is the founder and director of the Montefiore Cough Center, one of the few specialty centers in the world exclusively committed to the evaluation and management of patients with chronic cough (Figure 1).

In addition to experience in all aspects of clinical medicine within the spectrum of pulmonary and critical care medicine, Dr. Dicpinigaitis has been very active in cough-related research. He has authored numerous peer-reviewed journal articles and book chapters on cough, and is considered an international authority on the performance of cough challenge studies in clinical research. He served as a co-author on recently-published cough management guidelines published by the American College of Chest Physicians as well as the European Respiratory Society, and is the founder and chairman of the biannual American Cough Conference (Figure 1).

The 1st International Cough Conference was held from November 7 to 9, 2013 in Guangzhou China. The editor of *Journal of Thoracic Disease (JTD)* has interviewed Dr. Peter Dicpinigaitis.

JTD: I have learned that you are triple-board-certified in Medicine, Pulmonary Disease and Critical Care Medicine. Does this medical background make you get more advantages in your research of respiratory disease?

Prof. Dicpinigaitis: I am primarily a clinician. My main responsibility is to be the Director of the Intensive Care Unit of my hospital. In the ICU, we take care of the sickest patients, those with respiratory failure and septic shock, for example. My other primary clinical interest as well as my field of clinical research has been in cough. I am founder and director of my institution's Cough Center, so when I am not in the ICU, I am either evaluating patients with very difficult chronic cough, or working on clinical research projects pertaining to cough.

JTD: Which aspects should be paid particular attention to when capsaicin is used in cough reflex sensitivity testing? What's the advantage of this test?

Prof. Dicpinigaitis: At this point, capsaicin cough challenge is an excellent and valuable research tool, but it is not particularly useful in the evaluation and treatment of individual patients in the clinic. That is because there is a tremendous variation in capsaicin cough reflex sensitivity among

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the population, so it is not possible to establish a "normal" range for this measurement, as is the case, for example, in methacholine challenge testing to evaluate for the presence or absence of asthma.

JTD: What is the difference between the cough of adults and children? What are distinctions of these causes?

Prof. Dicpinigaitis: The causes of chronic cough are quite different in adults and children. For example, gastroesophageal reflex disease is very common in adults, yet quite uncommon in children. Conversely, psychogenic cough is a common diagnosis in children, but appears to be rare in adults, in my experience. Another entity that appears unique to children is that of protracted bacterial bronchitis.

JTD: Do you mind to share the most successful experience in the treatment of cough in adult?

Prof. Dicpinigaitis: When you see an adult patient with a chronic cough, it's very important to make sure that all the common causes of chronic cough have been properly evaluated. Often I have patients referred to me for evaluation, who have had potential diagnoses of chronic cough excluded, based on inadequate evaluation and/or treatment. So the first step in treating an adult with chronic cough is to make sure that the top three causes of chough have been properly evaluated and treated. These top three causes, as we have heard in the meeting, are postnasal drip syndrome (upper airway cough syndrome); eosinophilic airway inflammation (asthma and non-asthmatic eosinophilic bronchitis); and gastroesophageal reflux disease (GERD).

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JTD: Among the top three causes, what is the most difficult in treating of the adult cough?

Prof. Dicpinigaitis: If chronic cough is due to postnasal drip syndrome or asthma, a patient should respond to appropriate therapy within 1-2 weeks. However, the treatment of chronic cough due to GERD may require months of treatment before there is improvement in cough. Furthermore, higher typical doses of medication may be necessary (such as twice daily proton pump inhibitors), as well as the addition of additional medications such as prokinetic agents.

JTD: This is the 1st International Cough Conference in Guangzhou. Is there any significant influence of medicine community?

Prof. Dicpinigaitis: This has been a fantastic conference and I think Dr. Zhong and Dr. Lai should be congratulated because they put together a very good program and international faculty for this conference. We hold cough conferences every two years in London and in the USA, and now we are happy to welcome the Chinese cough conference into our family of international cough conferences. I am hoping that our three international conferences will not only allow attendees to regularly attend very informative meetings, but will create opportunities for clinical and research collaboration between cough researchers worldwide.

JTD: Thank you very much!

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