

# Somatic Cough Syndrome (Previously Referred to as Psychogenic Cough) and Tic Cough (Previously Referred to as Habit Cough) in Adults and Children

## CHEST Guideline and Expert Panel Report

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**BACKGROUND:** We conducted a systematic review on the management of psychogenic cough, habit cough, and tic cough to update the recommendations and suggestions of the 2006 guideline on this topic.

**METHODS:** We followed the American College of Chest Physicians (CHEST) methodologic guidelines and the Grading of Recommendations, Assessment, Development, and Evaluation framework. The Expert Cough Panel based their recommendations on data from the systematic review, patients' values and preferences, and the clinical context. Final grading was reached by consensus according to Delphi methodology.

**RESULTS:** The results of the systematic review revealed only low-quality evidence to support how to define or diagnose psychogenic or habit cough with no validated diagnostic criteria. With respect to treatment, low-quality evidence allowed the committee to only suggest therapy for children believed to have psychogenic cough. Such therapy might consist of nonpharmacologic trials of hypnosis or suggestion therapy, or combinations of reassurance, counseling, and referral to a psychologist, psychotherapy, and appropriate psychotropic medications. Based on multiple resources and contemporary psychologic, psychiatric, and neurologic criteria (*Diagnostic and Statistical Manual of Mental Disorders*, 5th edition and tic disorder guidelines), the committee suggests that the terms psychogenic and habit cough are out of date and inaccurate.

**CONCLUSIONS:** Compared with the 2006 CHEST Cough Guidelines, the major change in suggestions is that the terms psychogenic and habit cough be abandoned in favor of somatic cough syndrome and tic cough, respectively, even though the evidence to do so at this time is of low quality.

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**ABBREVIATIONS:** CHEST = American College of Chest Physicians; DSM-5 = *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition

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## Summary of Recommendations/Suggestions

**1. In adults or children with chronic cough, we suggest that the presence or absence of night time cough or cough with a barking or honking character should not be used to diagnose or exclude psychogenic or habit cough (Grade 2C).**

**2. In adults with a persistently troublesome chronic cough, we suggest that the presence of depression and/or anxiety not be used as diagnostic criteria for psychogenic cough because patients with a persistently troublesome chronic cough can develop these psychological symptoms when their coughs remain untreatable (Grade 2C).**

**3. In adults and children with chronic cough that has remained medically unexplained after a comprehensive evaluation based upon the most current evidence-based management guideline, we recommend that the diagnosis of tic cough be made when the patient manifests the core clinical features of tics that include suppressibility, distractibility, suggestibility, variability, and the presence of a premonitory sensation whether the cough is single or one of many tics (Grade 1C).**

**4. In adults and children with chronic cough, we suggest against using the diagnostic terms habit cough and psychogenic cough (Ungraded Consensus-Based Statement).**

**5. In adults and children with chronic cough, we suggest substituting the diagnostic term tic cough for habit cough to be consistent with the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5)* classification of diseases and because the definition and features of a tic capture the habitual nature of cough (Ungraded Consensus-Based Statement).**

*Remarks:* A simple cough tic in children may respond to suggestion therapy alone, as if it were just a “habit.” A cough tic in isolation that persists for more than one year would be referred to by DSM-5 criteria as a chronic vocal tic disorder. This is distinct from Tourette syndrome that involves both motor and vocal tics.

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always should be sought for any medical condition. The complete disclaimer for this guideline can be accessed at <http://www.chestnet.org/Guidelines-and-Resources/Guidelines-and-Consensus-Statements/CHEST-Guidelines>.

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**6. When disseminating research findings on tic cough, we suggest adding the parenthetical term (*habit*) (eg, tic cough [*habit*]) for three years, to help smooth the adoption of the new name, avoid confusion in the medical literature, and facilitate bibliographic database searches (Ungraded Consensus-Based Statement).**

**7. In adults and children, we suggest substituting the diagnostic term somatic cough disorder for psychogenic cough to be consistent with the DSM-5 classification of diseases (Ungraded Consensus-Based Statement).**

*Remarks:* The term “psychogenic” has disappeared from the DSM classification of diseases because functional imaging studies have started showing cerebral correlates for disorders previously thought to be of a pure psychogenic nature.

**8. When disseminating research findings on somatic cough disorder, we suggest adding the parenthetical term (*psychogenic*) (eg, somatic cough disorder [*psychogenic*]) for three years, to help smooth the adoption of the new name, avoid confusion in the medical literature, and facilitate bibliographic database searches (Ungraded Consensus-Based Statement).**

**9. In adults and children, we suggest that the diagnosis of somatic cough disorder can only be made after an extensive evaluation has been performed that includes ruling out tic disorders and uncommon causes and the patient meets the DSM-5 criteria (see Table 1) for a somatic symptom disorder (Grade 2C).**

**10. In children with chronic cough diagnosed with somatic cough disorder (previously referred to as psychogenic cough), we suggest non-pharmacological trials of hypnosis or suggestion therapy or combinations of reassurance, counseling, or referral to a psychologist and/or psychiatrist (Grade 2C).**

Cough occurring in the absence of identified medical disease and that does not respond to medical treatment has sometimes been labeled as psychogenic cough, habit cough, or tic cough. Although these putative disorders should be differentially diagnosed from other forms of chronic cough, such as chronic refractory cough, unexplained cough, upper airway cough syndrome, vocal cord dysfunction syndrome, and cough hypersensitivity syndrome, there are currently no guidelines on how this differentiation should occur. This current guideline aims to assist the clinician when managing a patient with suspected psychogenic, habit, or tic cough.

The current American College of Chest Physicians (CHEST) Expert Panel reviewed the 2006 Cough Guidelines on psychogenic and habit cough<sup>1</sup> and

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