

## Minutes – Cough Working Group

<b>Meeting location</b>	Park Plaza Hotel, Amsterdam Airport
<b>Meeting date</b>	22nd March 2018
<b>Meeting time</b>	14:00 to 15:30
<b>Chair</b>	Lorcan McGarvey
<b>Attendees</b>	Mike Baldwin, Glenn Crater, Leif Bjermer, Dermot Ryan, Barbara Yawn, Andrei Malinovski, David Price, Sanne van Kampen
<b>Objective</b>	<ul style="list-style-type: none"> <li>• Finalise protocol for 'Burden of cough in UK primary care'</li> <li>• Identify future project ideas in the field of cough.</li> </ul>

	<p>Chronic cough is a common problem which causes distress and frustration to patients and which clinicians find difficult to treat. However, a number of novel drugs to alleviate cough are currently under development with some showing considerable promise. .</p> <p>While most of what we know about the management and treatment of cough comes from experience in secondary care, many patients with cough are managed by general practitioners and to date we have no information on how cough presents in primary care. This meeting set out to discuss an approach to utilizing OPCRCD to determine the burden of cough in UK primary care</p> <p><b>Update on current projects</b></p> <ul style="list-style-type: none"> <li>• <b>Burden of cough in UK primary care</b> <ul style="list-style-type: none"> <li>○ A protocol has been drafted to undertake a pilot study to estimate the size of the population with cough in primary care in UK (descriptive), including prevalence, incidence and characteristics of patients with cough. Database: OPCRCD is essential for this study.</li> <li>○ Subpopulations: acute vs chronic cough. Chronic is proposed to be at least 8 weeks of cough. How do we define acute and chronic cough?</li> <li>○ Additional questions: How many of patients with cough have co-existent respiratory diseases such as asthma, COPD or ILD? What about association with other non-respiratory diseases?</li> </ul> </li> </ul> <p><u>Challenges</u></p> <ul style="list-style-type: none"> <li>- In the UK, primary care patient records/databases record the types of cough, but the coding for these is diverse and may not be sufficiently comprehensive</li> <li>- initial review of OPCRCD identified more than 70 different Read codes for cough</li> <li>- Coding used by GPs in UK is different from coding in e.g. US</li> <li>- There is currently no agreement as how to define acute/chronic cough for the pilot study</li> </ul> <p><u>Additional Suggestions</u></p> <ul style="list-style-type: none"> <li>- Start with an analysis of ALL codes for cough,</li> </ul>
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|  | <ul style="list-style-type: none"><li>- Find cough in free text as well; this could be piloted in a small sample</li><li>- If this is too difficult to obtain cough in free text, the protocol will be confined to CODED cough distribution only</li><li>- Study protocol should include 'adults' in the title (18+)</li><li>- Consider changing the term 'chronic' cough to 'persistent' cough in protocol</li><li>- Look at subpopulations of people who have persistent cough for 1 year, which is often used in clinical trials;</li><li>- Measure incidence of new coughs, including recurrent episodes per year AND per number of consultations</li><li>- Consider ways in which cough could be related to measures of health care utilization</li></ul> |
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