CHRONIC COUGH AND QUALITY OF PATIENTS' LIFE

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The aim is to improve the quality of providing specialized care to patients suffering from chronic cough (CC) by means of understanding their problems and needs by doctors. During the period from October to March, 2011 113 patients from Pulmonology and Allergology-Profpathology departments of City Clinical Hospital №10 (Minsk) were divided into 2 groups. The first group contained 61 patients with CC lasting more than 6 weeks and second group contained 52 patients with cough lasting less than 3 weeks (acute cough (AC)). All patients were offered to fill the Adverse Cough Outcome Survey (ACOS) and to determine force of their cough by themselves in score 0 up to 10 at the Visual Analogue Scale (VAS). The first group included patients with chronic obstructive pulmonary disease (COPD) – 15 patients, community-acquired pneumonia (CAP) – 13, bronchial asthma (BA) – 12, chronic bronchitis (ChB) – 11, pleuritis (P) – 7, tumor (T) – 2 and ischemic heart disease (IHD) – 1 patient. The second group contained patients with pharyngitis (Ph) – 26 patients, acute tracheitis (AT) – 18 and acute bronchitis (AB) – 18 patients. In the first group the strongest cough disturbed patients with COPD (8.75±2.1 scores in accordance with VAS), BA (8.5±2.2) and CB (8,2±2,3). Patients with P (6,2±1,9) and CAP (5,9±1,7) were disturbed by cough in a smaller degree. In the second group the strongest cough disturbed the patients with AT (7,2±2,0) and less cough under AB (6,9±1,9). Patients with Ph had minimal cough (5,6±1,8). Women had stronger cough than men (r_s=0,46; p<0,001). Women evaluated cough in average 8,3±2,1 and men – 6,7±2,2 scores in accordance with VAS (t=2,9; p<0,01). 52,5% of patients experienced decreasing of life quality because of personal safety fears (fear of something serious, especially, cancer). 19,4% of patients had mainly physical complaints (loss of appetite, headache, etc.). CC broke social communications (difficulty in speaking on the telephone, confusion in public place under fit of coughing). Structure of qualiity of life (QL) decreasing didn't considerably differ in case of AC. But patients with AC had unpleasant feelings during approximately 10 days when patients with CC had discomfort by years. By means of correlation analysis (between VAS parameters and ACOS parameters) it was established that stronger cough decreased QL of observed patients (r=0,49; p<0,01). Stronger cough caused loss of appetite (r=0,34; p<0,01) and dizziness (r=0,31; p<0,05). Patients also marked hoarseness of voice (r=0,34; p<0,01) and discomfort with breathing (r=0,27; p<0,05). Strong cough impeded or made impossible singing (r=0,37; p<0,005). Patients were harassed (r=0,4; p<0,005) or confused when they were in a public place (r=0,34; p<0,01) by lasting cough. For a fact, QL of women decreased more often because of urinary incontinence (χ^2=4,7; p<0,05). **Conclusions:** (1) CC reduces quality of patients life; (2) Patients with COPD have the most discomfort because of CC; (3) The weightiest cause of decreasing of LQ is personal safety fears; (4) Discomfort of CC is strengthened by physical suffering.