

# Widely used drug could offer substantial relief to people with chronic cough

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New research published Online First in the *Lancet* is the first to show that gabapentin, a drug widely used to treat pain and seizures, substantially reduces the frequency and severity of coughing and other symptoms associated with the extremely common and difficult-to-treat problem of long-term chronic cough.

"These effects are very promising and raise hope for many people with refractory chronic cough—a condition that can be both psychologically and physically disabling and for which no effective drugs are available—who now have a potential new [treatment option](#)", says Nicole Ryan from The University of Newcastle in Australia who led the research.

Chronic cough is an increasing clinical problem that currently affects 11% of the population. The precise cause of cough [persistence](#) is not known, but research suggests it might be related to central sensitisation which is also implicated in neuropathic pain. [Gabapentin](#) has shown a robust effect on chronic neuropathic pain and as such could have a similar effect in people with chronic cough, but until now, no randomised studies have been done.

In this study, 62 patients with refractory chronic cough (a cough lasting 8 weeks or longer) who had not responded to standard treatment were recruited from an outpatient clinic in Australia and randomly assigned to either gabapentin (maximum tolerable daily dose 1800 mg) or placebo for 10 weeks.

Patients returned to the clinic five times to give a rating of their cough using the Leicester cough questionnaire (LCQ) that assigns a score based on physical, social, and [psychological impact](#) of the cough, and to assess cough frequency and severity.

Overall, gabapentin had a significant and sustained improvement on cough-specific quality of life, cough severity, and cough frequency compared with placebo.

After 8 weeks of treatment, significantly more coughers in the gabapentin group reported an improvement in LCQ score of greater than 1.3 (the smallest change in score considered as clinically meaningful) compared with the placebo group (74% vs 46%).

The authors point out that these beneficial effects were not sustained after treatment was stopped adding that, "the reduction in efficacy of gabapentin after withdrawal further supports its antitussive [cough suppressant] effect."

Gabapentin was generally well-tolerated, with less than a third of patients given gabapentin experiencing side-effects (the most common being nausea and fatigue), that were managed by reducing the dose.

According to Ryan, "Gabapentin is effective, well tolerated, and has few drug interactions and therefore its addition to chronic cough standard practice guidelines should be considered, although replication studies are necessary before this happens."

In a linked Comment, Kian Fan Chung from Imperial College, London, UK says, "These results suggest that gabapentin is worth trying in patients with refractory [chronic cough](#) and should provide the impetus to pursue similar trials of other drugs developed to suppress cough sensitisation pathways or target primary afferent nerves associated with

cough."

**More information:** [www.thelancet.com/journals/lan ...](http://www.thelancet.com/journals/lan...)  
 [\(12\)60776-4/abstract](http://www.thelancet.com/journals/lan...)

Provided by Lancet

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