

Sponsor (00:09):

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AJP host Fiona Duke (00:18):

Welcome to the AJP Podcast. I'm your host, Fiona Duke, and I'm pleased to present to you a four-part series. I'll be chatting with two guests, both experienced pharmacists and educators. We'll be discussing the many aspects of cough and its various treatment methods. Today I'm joined by Dr. Brett McFarlane, pharmacist, educator and medical writer and Jala Moushi, community pharmacist, educator and writer. Welcome.

Dr Brett MacFarlane (00:51):

Thanks very much, Fiona, for having me.

Jala Moushi (00:53):

Hi, Fiona. Thank you so much for having me on. It's a pleasure.

AJP host Fiona Duke (00:58):

To kick off the conversation today, can you provide us with some insights into your role?

Dr Brett MacFarlane (01:04):

Sure. So as you said, I'm a pharmacist. I've been around for a while now. In the last several decades, I've mostly focused on educating other pharmacists, but I've still continued my clinical role. And most recently, I've been managing a national vaccination service, which obviously is very closely related to respiratory illness.

Jala Moushi (01:27):

Yes, absolutely. I'd say I'm a bit of an anomaly as a pharmacist. I wear many different hats between coordinating and developing the Sigma Intern Training Programme, which is the largest and best in my opinion, community pharmacy intern training programme in the country. At the same time, I do write for the Australian Journal of Pharmacy whilst still showing up as a community pharmacist for my community. And I am kind of growing my passion and my interest right now in compounding an expanded scope of practise. I'm definitely still dispensing treatments for chronic conditions. I'm vaccinating, I'm compounding, but I'm still also treating minor ailments such as the common cold and we all know that's around the corner now that cold and flu season is upon us.

AJP host Fiona Duke (02:25):

That segues really nicely into my next question. Winter is coming. How many patients with a common cold have a cough?

Dr Brett MacFarlane (02:34):

Well, the cough as part of the common cold is very common, surprisingly. And we know that lots of people get colds, particularly coming into this time of the year. Adults tend to get them less than children. We probably see about three colds per year in adults, but it definitely is greater in kids. Part of their job is to get sick and to challenge their immune system for later life. So they're getting common cold around about six times a year. And cough is in one way or another one of the most common symptoms of that illness, upper respiratory tract illnesses.

Jala Moushi ([03:15](#)):

Cough is a very common symptom that's associated with any acute upper respiratory tract viral infection in particular, such as what we know is the common cold and the flu. So that cough can typically persist sometimes for up to three weeks or more. And we see it so often in the pharmacy and in primary care as well.

Sponsor ([03:41](#)):

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AJP host Fiona Duke ([04:26](#)):

And do patients themselves recognise a dry or a chesty cough?

Dr Brett MacFarlane ([04:32](#)):

It's very challenging. I mean, the language that they use will depend on their individual choices. I guess the question is, can a patient tell the difference between a dry cough and a chesty cough or the combination of the two? I would say in many circumstances, yes. If they've got that kind of barking cough and they don't feel the rattlings of mucus in their chest, then they will probably say that it's a dry cough, but they might just say, "It's in my chest," for example, and that doesn't necessarily indicate to the pharmacist or the pharmacy assistant without further investigation whether or not there's mucus there or it's just a dry cough. So I think ultimately we do have to ask those relevant history questions about symptoms in order to help the patient determine whether or not it's a dry or a chesty cough or a combination of the two.

Jala Moushi ([05:31](#)):

I think the thing to note is that patients don't always recognise the difference between a cough. They might present to the pharmacy and they'll say to us, "I've got a cough." And of course our next question is always, "Well, what type of cough have you got?" And it's almost always followed by them imitating what their cough is like in front of us at the counter. And that usually tells us that there's kind of that lack of knowledge or an information gap in how they're able to describe their symptoms. So that understanding of whether it's a dry or a nonproductive cough where there's no mucus versus that chesty or productive cough that is associated with mucus with phlegm and that congested chest feeling. So as pharmacists then we are constantly having to guide our patients to open up and use words to help describe what that cough is like.

([06:34](#)):

So we might say something along the lines of, "Are you bringing anything up when you cough?" Or does it feel more tickly or more blocked in your chest? And that from there helps us to get onto treating their cough.

AJP host Fiona Duke ([06:50](#)):

That segues nicely into the next question. Can you describe the different stages of the cough journey?

Dr Brett MacFarlane ([06:57](#)):

Sure. Well, I think the first thing we have to identify is that cough is a natural thing. It's part of our body's way of expelling the microbes and the mucus and the irritants that are in our respiratory system. And when we do get an upper respiratory tract infection, which is usually a virus, it starts to wriggle around in there in the bronchi and in the lung tissue to cause irritation to the nerves that are innervating those respiratory tracts. And that basically sends a signal to the brain to the brainstem to introduce the cough in order to expel the irritants. Initially, that irritation around the nervous system in the lungs causes a dry cough. It doesn't really do anything because there's no mucus there to necessarily expel as a result of the cough, but that quite often is the beginning of the cough journey, as you called it.

(08:00):

So for the first couple of days, it's a dry tickly cough. The inflammation is starting to ramp up that's caused by the virus until eventually once we get into the sort of three days to a week, that's when that inflammation is causing more mucus and we might describe our cough as being a chesty cough or a wet cough or a productive cough. So the need is to get that mucus up by the cough reflex or another means to reduce the inflammation, clear the irritants and to give your nervous system in the lung tissue an opportunity to calm down and to reduce coughing naturally. And eventually the cough will stop if it's just an acute cough, which is what we are talking about here today. We're talking about acute cough, which is sort of anything up to three weeks. Anything more than three weeks is not considered to be an acute cough and someone needs to be referred if it's going for longer than that.

Jala Moushi (08:59):

Yeah. So what we typically see is those first few days of a common cold, they're often associated with that dry and unproductive cough that really serves no useful function. It causes a lack of sleep and patients show up exhausted. People have to take time off work as well. That unproductive cough usually comes about from mucus trickling down the back of the nasal passage down the throat and tickling your throat and that activates your cough receptors and that sensation. So that's what we refer to as typically the post-nasal drip. But as the common cold progresses, we do find that the chesty or a productive cough comes up and that can be related to the inflammation from that virus or bacteria spreading to the lower airways and triggering mucus production. And look, mucus, it's not necessarily a bad thing. It's produced by the body to trap dust allergens, bacteria.

(10:08):

It's actually part of our immune system working. We just don't want it staying in our lower airways.

AJP host Fiona Duke (10:14):

Thank you, Jala, for explaining that. Join Jala, Brett and me next time as we continue the discussion on all things cough related.

Sponsor (10:27):

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