Sponsor (00:09):

Today's podcast is brought to you by Bisolvon. Bisolvon treats chesty or dry coughs and offers a range to suit your customer needs.

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 delighted to be joined again by Dr. Brett McFarlane, pharmacist and medical writer and Jala Moushi, community pharmacist, educator and writer. Welcome back, Brett and Jala. So there's obviously a lot of variables to consider in that consultation with the patient. What should the pharmacist be mindful of in terms of the patient profile? So for example, adult versus a child.

Jala Moushi (01:08):

Yeah. And I think that's one of the first and biggest kind of points that we talk through with patients because often when the one person in the family gets sick, everyone gets sick, but it is not a one size fits all treatment that you can take home back to your family and it works for everybody. Management in children looks very different to management in adults. There is actually a lack of evidence of efficacy and potential risks that are associated with using any non-prescription cough medicines in children aged less than 12 years. So if we start with that, we then break it down further and blanket statement and rule, cough medicines should not be used in children aged less than six years old. But then that brings us to the middle point of children age between six to 11. These children can be treated for their cough, but only on the advice of a doctor, a pharmacist, or a nurse practitioner.

(02:13):

So within that category, if a child is presenting with a chesty cough, we can absolutely, if it's appropriate and safe for them, recommend bromhexine, which is fantastic for treating a chesty cough. But where possible we do recommend that children are managed non-pharmacologically. And actually, Fiona, a lovely option for children is honey. Honey can be used to soothe and coat the throat, especially that's associated with a dry cough. But again, we definitely try to avoid it in children aged less than one years old because that just brings up their own risks from there. But then once you put aside the age, I spoke about it earlier, pregnancy and breastfeeding status. So lucky in this case, the pregnant women are not excluded from all treatments and then they can find relief because that is one of the hard parts of pregnancy is that sometimes the medicines aren't safe.

(03:13):

But in this case, you do have options. So for a dry cough, pregnant women can take a cough suppressant, for example, dextromethorphan or dihydrocodeine, but only to be used at recommended doses and not for too long either. Then on the other hand, if it's a chesty or a productive cough, they can use a expectorant like guafenacine or a mucolytic such as promhexine at the recommended doses and again for the shortest time possible.

Dr Brett MacFarlane (03:46):

Yeah. So obviously we have to understand what ages the product is recommended for. A younger person is going to have more of a chance of that cough developing into something that is potentially more serious, that might need antibiotics if there's a bacterial infection that overlays that. Same with an older person who might not be able to clear the mucus as well from the cough reflex, then their risk of developing pneumonia, for example, is increased. So not saying that we can't treat a younger person or an older person, but to just keep in mind of those risks and the need to refer on for further investigation

should the cough not clear up or should it get worse or should it last for longer than what we would expect it to last for? Thinking about their other health conditions, particularly other respiratory conditions. But then in older people, we have to think about other cardiovascular conditions, particularly with those more serious chest infections that could have a devastating impact on the cardiovascular system.

(04:51):

So deciding whether or not pharmacy treatment is appropriate, choosing the right one, but then giving the patient advice or their carer advice around what to do next. So if there's no improvement in the next couple of days, see a doctor or if it gets worse, see doctor. That sort of advice is very important.

Sponsor (05:34):

For a dry cough BISOLVON Dry, is available in liquid and convenient on-the-go pastilles. It contains an anti-tussive agent dextromethorphan hydrobromide monohydrate, which suppresses the cough. BISOLVON Chesty Forte is available in liquid and convenient, small easy-to-swallow tablets. Containing single active ingredient bromhexine hydrochloride, Bisolvon Chest Forte is a mucolytic that helps to thin and break down mucus and phlegm to make it easier to cough up.

AJP host Fiona Duke (05:59):

So Jala, we've already mentioned that the cough category is a substantial one in pharmacy. There are many different formats available from liquids for kids to tablets. Can you talk to us a little bit about those different formats for the different patient profiles?

Jala Moushi (06:18):

Yeah, absolutely, Fiona. So you've already said it. Liquids, kids, typically, but really this is the part where it is patient driven. I've had adults who have just been coughing for so long, the last thing they want to swallow is a tablet and the liquid or the pastels, they appear to be a better choice for them. So you can talk through, and this is the way I like to do it. I talk through the ingredients that I want to give them, but then I ask them, "Would you prefer a tablet or a liquid?" Some might find that the tablets are more convenient for them and as long as we're tailoring that advice to who is in front of us, you can't go wrong.

Dr Brett MacFarlane (07:00):

Yeah. So initially I think probably a syrup is going to be the one that is most chosen or preferred by the patient, maybe not necessarily. And there are certainly tablets available if the person doesn't want to take a syrup. I suppose the added benefit of a syrup is that demolcent effect as you swallow it. So if you do have an irritated throat as well, then for a short period of time a syrup might help to soothe the throat just because of the thickness of the syrup. But if they don't want to take a syrup, then there's a tablet. For children, a syrup is probably going to be the way to go because it's going to be easier for them to swallow and not all kids can take tablets, but as they get older, they might be happy to take a tablet and that might be the same for an older person as well.

(07:45):

Perhaps a syrup might be better because they might have difficulty swallowing a tablet. It's just going to be a matter of asking the patient what their preference is and then going with that. There's many options.

AJP host Fiona Duke (07:58):

Lots of options, that makes sense. That's really helpful advice for our listeners, Brett. Can you explain the clinical role of mucolytics to patients?

Dr Brett MacFarlane (08:10):

Yeah. So initially, as I said, because the cough might be a dry cough, then the person's primary desire is probably to reduce coughing and it might be appropriate to have a cough suppressant in that instance. As the cough progresses and that inflammation starts to build up and they're wanting to clear the mucus, then maybe suppressing the cough is not the ideal way to do that. So we swap over to a mucolytic. And essentially what that does is to reduce the thickness of the mucus. So it kind of breaks up the strands that are holding the mucus plug together and to enable the person to cough the mucus up easier than what it was when it was thicker before the nucleic had its opportunity to work. And so that increases the patient's ability naturally to clear the mucus. So that makes sense. There might be some situations where they've got the mucus there that needs to be cleared, but also the cough is driving them up the wall and so they want to continue to be able to at least control it.

(09:16):

And I think that's an individual consideration based on what you know about the patient and the questions that you've asked.

Jala Moushi (09:22):

Look, one of the biggest skills that pharmacists need and they attain through our careers is that we need to be able to transfer that clinical scientific information to something that anyone can absolutely pick up, digest, understand, and move forward with. So we've learned to simplify things, I think, in a really nice way. But what I usually say is that with the mucolytics, this medication's going to help to loosen that mucus and thin it out, which makes it easier for you to bring up. The more mucus you bring up, the faster you'll get better as well, because otherwise that mucus just sits in your chest and it keeps building and building and building, and it does increase your risk of acquiring a bacterial infection from what would've started out from say a viral infection. And these medicines help to reduce that pressure on your chest to have to use such shear force to expel that mucus.

(10:20):

So this makes it easier for you to cough out all that mucus. And then on the other side with the dry cough suppressants, what I'll say for that one is that usually coughing is a good thing, but in your case, we need it to slow down, right? It might sometimes just continue on after a cold or a flu because it's become hyperactivated, we just need to slow it down. And this is exactly what this medication's going to do. It's just going to help to reduce that coughing, particularly when you don't want to cough, such as when you're sleeping throughout the night. But I will always follow that recommendation with, I'm going to give you the one bottle this time, but if you're still coughing after this bottle, I do want you to see the doctor. Sometimes dry coughs can mask other symptoms or other conditions and if the one bottle usually hasn't kind of toned down that hyperreflex, I definitely want them to be seeing the doctor after that.

(11:22):

So I use that time to educate the patient on what's going on with them, give them the right treatment, explain how that's going to help them, but then that follow-up of what to do after the bottle is finished.

AJP host Fiona Duke (11:36):

Excellent. So the pharmacist has a really important role to play when patients present with cough. Join me next time as we continue the discussion on all things cough related.

Sponsor (11:50):

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