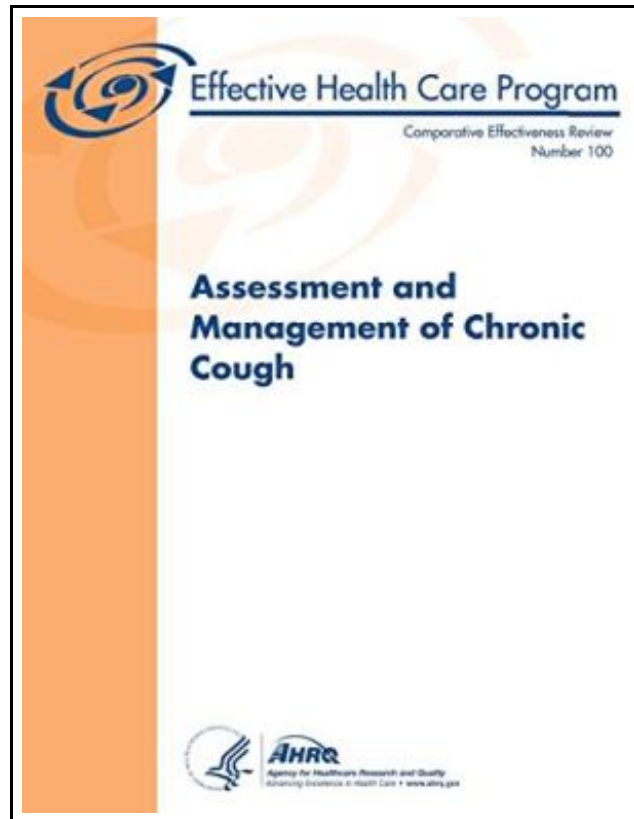


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CreateSpace Independent Publishing Platform. Paperback. Book Condition: New. This item is printed on demand. Paperback. 260 pages. Dimensions: 11.0in. x 8.5in. x 0.6in. In the United States, cough is the most common complaint for which patients seek medical attention and is the second most common reason for a general medical examination, accounting for more than 26 million office visits annually. Cough often results from an acute, self-limited, viral upper respiratory tract infection; however, there are multiple causes of cough beyond this, including both respiratory tract and nonrespiratory tract-related etiologies. Cough that lasts more than 4 weeks in children younger than 14 years of age or more than 8 weeks in adolescents and adults 14 years of age and older is considered to be chronic by the American College of Chest Physicians (ACCP). Cough serves a potentially beneficial purpose by clearing the airways of excessive mucus, irritants, or abnormal substances such as edema fluid or pus. But while cough may serve a useful function, it can also lead to a variety of problems, including exhaustion (57), feeling self-conscious (55), insomnia (45), changes in lifestyle (45), musculoskeletal pain (45), hoarseness (43), excessive perspiration (42), and urinary incontinence (39). These problems are more likely to be prominent in the setting of chronic versus acute cough. As a consequence, chronic cough is responsible for up to 38 percent of pulmonary outpatient visits. To effectively assess cough and monitor response to treatment, it is essential to have valid measurement tools. Currently there are many different tools used to assess cough frequency and severity, including quality-of-life questionnaires, visual analog scales, electronic recordings, and human counts. It is important to determine whether the tools currently in use accurately assess cough and response to treatment. While no universally accepted gold standard exists for comparison, data regarding the validity, consistency,...



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