**BACKGROUND**

- Limited literature exists describing the characteristics of and burden for US sufferers of both chronic cough and allergies.
- Subjects were recruited from a general-purpose, web-based consumer panel reflective of the US adult population in terms of age, sex, race, and ethnicity.

**OBJECTIVE**

To describe US chronic cough (CC) sufferers in terms of those with vs without comorbid Allergies. Specifically, their cough duration, severity, and diagnosis as well as demographics, healthcare resource use, and health status.

**METHODS**

- CC in this survey = a daily cough for 8 weeks or longer
- 2018 National Health and Wellness Survey (NHWS; Kantar, New York) respondents reporting CC in the prior year were invited to complete a questionnaire about their CC experience.
- The CC Questionnaire inclusion/exclusion criteria were: currently experiencing CC, no lung disease*; not taking ACEi for high blood pressure.
- Respondents stratified into those with or without allergies diagnosed by a healthcare provider (HCP) and those without.
- Respondents completed health status questionnaires, including: Work Productivity and Activity Impairment (WPAI) measured the impact, over prior 7 days, of health state on work productivity.
- Healthcare Resource Use

**RESULTS**

- **Figure 1. Key Demographics and Health Status**
  - 296 US adults completed CC Questionnaire
  - 173 (58.4%) CC with HCP-diagnosed allergies (CCwA)
  - 123 (41.6%) CC without HCP-diagnosed allergies (CCw/oA)
  - CCwA (n=173)
    - mean mCCI = 1.00 ± 0.10
    - mean mCCI = 0.63 ± 0.12
  - CCw/oA (n=123)
    - mean mCCI = 1.00 ± 0.10
    - mean mCCI = 0.63 ± 0.12

- **Figure 2. HARI Items with Differences (unadjusted)**
  - In CCwA
    - The feeling of something dripping down the back of your nose or throat (0.57 vs 0.02)
    - Coughing more when awake than at night (3.45** vs 2.2)
  - In CCw/oA
    - Coughing more when awake than at night (3.97 vs 2.2)

- **Table 1: Cough Severity (VAS 0–100)**
  - CCwA (n=173)
    - mean VAS = 78.6 ± 14.4 years
  - CCw/oA (n=123)
    - mean VAS = 62.4 ± 14.4 years

**CONCLUSIONS**

- A strength of this survey is it is not limited to patients seeking medical care.
- Responses are self-reported data.
- In a posthoc assessment, we learned that 45 (36.6%) of the 123 respondents in CCw/oA had at some point presented what they reported to be allergies but none reported being diagnosed by an HCP as having allergies. This may indicate a need for greater consideration of allergy playing a role in CC.
- Although the NHWS is sampled to be nationally representative participation in the CC Questionnaire was optional and required meeting inclusion criteria, results may not be generalizable.
- Causal conclusions cannot be drawn from this cross-sectional questionnaire.

**REFERENCES**

2. Kaiser Permanente Medical Center, San Diego, CA; Peter O. Meltzer, Merck & Co., Inc., Kenilworth, NJ
3. University of Cincinnati College of Medicine, Cincinnati, OH; Vicky W. Li, Jonathan A. Bernstein, Eli O. Meltzer, Michael S. Bernstein
20. CDH (Cough Data Hub) - http://www.coughdatahub.org
21. The National Health and Wellness Survey (NHWS) is a large scale consumer panel reflective of the US adult population in terms of age, sex, race, and ethnicity.

**CONSIDERATIONS**

- Compared with those CC but no diagnosed allergies, those with CC and comorbid allergies had:
  - greater health-related productivity impairment
  - higher healthcare resource use
  - higher percentage of comorbidities
- CC respondents with allergies more frequently reported complying with doctor’s advice related to their cough vs. those without allergies.
- Additional research is needed to better understand the underlying etiologies of CC.