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Case Report

Chronic Psychogenic Cough in an Adult Patient of Schizophrenia

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ABSTRACT

Psychogenic cough is a chronic debilitating condition commonly seen in children. Although many such case reports are published in paediatric literature, there are few cases reported in adult population. We have reported one such clinical presentation in an adult male with an established diagnosis of schizophrenia who presented to our Hospital Psychiatry OPD with a complaint of chronic persistent cough for four years for which he had consulted many physicians and had gone through various investigations and received multiple courses of anti-histaminics, antibiotics and oral steroids without any improvement and remained undiagnosed. After admission a diagnosis of psychogenic cough was made after ruling out every possible underlying medical condition, and was treated with sessions of suggestion therapy and relaxation techniques along with pharmacologic treatment like antipsychotics and anxiolytics to ameliorate his current psychopathological status. After few sessions of suggestion therapy, he was relieved from his ailment. This case report is an attempt to bring a clinician's attention to consider the possibility of psychogenic cough as a cause of chronic cough in adult patients as they usually present to a physician instead of a psychiatrist.

Key words: Psychogenic cough, chronic cough, adult patient, schizophrenia

INTRODUCTION

Psychogenic cough also called 'barking cough' or 'honking cough' or 'habit cough' is defined as a chronic cough (>8 weeks duration) that occurs in the absence of any underlying disease. It is usually loud and harsh, honking or barking in nature, persistent and disruptive to routine activity. [1] It may become a debilitating condition of long duration that can significantly interfere with work and social relationships. It is mostly seen in children. [2] However, there are few clinical reports in adult population.

Gay et. al. reported psychogenic cough in four adult patients after all other possible medical conditions were ruled out by various investigations. All four patients had psychosocial stressor and had difficulty expressing feelings. All patients improved with a combination of relaxation techniques, suggestion therapy and supportive psychotherapy. In the review of literature, same author had also mentioned a case report by Sigmund Freud in which Freud reported such presentation in adult patient and related it to a repression of libidinal impulses of unresolved oedipal stage of psychosexual development. [3]

Bhatia et. al. reported a series of 32 adult cases of psychogenic cough. Out of 32 cases, 20 patients had a co-morbid psychiatric disorder, the most common being conversion disorder followed by

mixed anxiety and depressive disorder. A combination of pharmacologic treatment and psychotherapy was given to all cases in which 12 cases remitted, 16 cases improved and 4 cases continued with the complaint. [4]

Diagnosis of psychogenic cough is clinically challenging. [5] In Indian health setups, such patients with chronic cough usually visit physicians or general practitioners at first. If this condition goes unrecognised by medical practitioners then patient may undergo extensive investigations repeatedly and may be treated with medications like anti-histaminics, anti-biotics, steroids etc. for prolonged period with no improvement and may suffer from complications as a result of chronic use of such medications. Altogether, these factors will lead to increased burden of illness and poor quality of life. Henceforth, this case report is an attempt to create awareness of considering the possibility of psychogenic cough as a cause of chronic cough in adult patients.

CASE REPORT

A 48 years old male patient presented to a respiratory medicine OPD of our hospital with history of dry cough of four year duration. Cough was repetitive, honking in nature with each bout lasting for about half to one minute. Coughing was absent during sleep and would worsen while talking. There was no history of past or recent upper respiratory tract infection, throat irritation, chest pain, haemoptysis, dyspnoea, wheezing, fever, rhinitis, post nasal drip, heartburn, regurgitation, anorexia or weight loss. There was no recent exposure to air/chemical irritants. There was no history of tics, throat clearing or other nervous habits. He was a non smoker, non alcoholic with no other substance use history. In past four years, he was treated by multiple physicians with courses of anti-histaminics, anti-biotics and oral steroids without any symptomatic relief. There was no family history for tuberculosis, asthma or any other respiratory condition. On general examination, he was a well built and healthy adult. His respiratory and ear, nose and throat examinations were unremarkable. Baseline laboratory parameters like total and differential white blood cell counts, ESR, liver function test and renal function test were within normal range. Test for HIV was unremarkable. X-ray of paranasal sinuses and chest X-ray was normal. Pulmonary function test was within normal limits. As all investigations were normal and every possible medical condition was ruled out, possibility of psychogenic cough was considered as it was the diagnosis of exclusion. [6] So, patient was referred to psychiatry department of our hospital.

Detailed psychiatric evaluation was done and it was found that in his childhood, patient used to stay in Africa with his parents in a sub-urban area where he did not have any friends. Being a single child, his interaction was limited to his parents only. As a child, he used to witness frequent quarrels between parents as his mother used to believe that her husband is not faithful to her. Patient had a psychotic breakdown at the age of 16. He used to stay aloof most of the time, would sit still or stare at one point for hours without changing position, at times observed to have hallucinatory behaviour in form of muttering with odd gestures and used to become fearful that if he would go outside his home then somebody will stab him on his back. At that time, he had frequent anger outbursts directed towards his parents and his academic performance had markedly declined and later on he left the study. After that, he was brought to India to consult a psychiatrist and a diagnosis of schizophrenia was made. He was given a treatment for one year and was better after that. He became non-compliant with treatment as he went away to Africa with his parents. His mother was also diagnosed with schizophrenia and was on treatment for few months after which she had stopped her treatment. After few years, patient's parents were separated because of disharmonious marital relationship. His mother left home at Africa and returned to India. Since then,

patient was staying with his father in Africa. After few months of parental separation he started having complaint of cough.

On mental status examination, patient seems to have limited eye contact and rocking in the chair and attributed his suffering to black magic done by his neighbours. However, he seemed indifferent to his chronic cough. He used to cough loudly upon inquiring about the same. Coughing used to remain absent while eating or sleeping. He also showed a concern for his father who was recently diagnosed to have liver carcinoma. He also reported sadness of mood, apathy, irritability, fearfulness, jitteriness and insomnia since past five months.

MANAGEMENT

He was started on oral risperidone (2 mg/day) and oral amisulpride (200 mg/day) with an anxiolytic clonazepam (0.5 mg/day). Along with that, he was taught some breathing exercise and relaxation techniques. He was also given three sessions of suggestion therapy in which he was made to suppress the cough with the use of distracters like taking cardamom or sips of water to break cough-irritation cycle. After one month of follow-up, patient was free from his chronic cough and no longer having complaints of sadness, irritability, jitteriness or insomnia. Patient denied any persecutory ideas and not having complain of fearfulness. Patient was satisfied with his current life situation and showed his willingness to take care of his father's health and business as well. Later the patient maintained the improvement at weekly follow-ups till he stopped coming.

DISCUSSION

Psychogenic cough is chronic cough. It is usually seen in children and occasionally in adults. In adult patients with chronic cough, the diagnosis of psychogenic cough can only be made after an extensive evaluation has been performed that includes ruling out tic disorder and uncommon causes and cough improves with specific therapy like behaviour modification or psychotherapy. Psychogenic cough has to be differentiated from tourette's syndrome, transient tic disorder and chronic motor or vocal tic disorder. Average age of onset of tics is 5.6 years, tics become more prevalent at 10 years of age and up to 50% of patients are free from tics by 18 years of age. Transient tic disorders are self-limited and last for less than a year. Tics are sudden, rapid, recurrent, non rhythmic, stereotyped, involuntary or semi-voluntary motor movements or vocalizations. They disappear during sleep and exacerbated by stress. [6] The patient did not have features of Tourette's syndrome or any tic disorder. This patient was labelled as having psychogenic cough after ruling out all possible causes of chronic cough through various investigations and considering the salient characteristics of psychogenic cough. [7]

Even though patient was given pharmacological treatment to ameliorate his current psychopathology, suggestion therapy and relaxation techniques were the mainstay of treatment by which the patient was completely symptom free within one month. Review of paediatric and adult literature on similar cases indicate that adult patients experienced symptoms of much longer duration compared to paediatric patients. Once the treatment is instituted, improvement in cough occurred in 1 to 3 days in paediatric patients while it took weeks to months in the adult patients. [8]

This case report suggests that psychogenic cough is as treatable in adults as in paediatric patients. It is mandatory that any patient with a chronic cough receive a thorough medical workup to eliminate the possibility of medical condition and after that only be labelled with psychogenic cough. It is also important that the clinician makes it clear to such patients and their care-taker about the nature of the illness and that psychotherapy, behaviour therapy and other relaxation techniques are specific treatments. It is necessary to recognize this condition early in its course so that

appropriate treatment can be given so as to decrease the burden of illness and improve the quality of life.

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