

3<sup>rd</sup> International Conference on **General Practice & Primary Care**  
&  
24<sup>th</sup> International Conference on **Dental Public Health & Dental Hygiene**

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**Chronic cough in adults: Evaluation and management in primary care**

Although chronic cough in adults can be caused by many etiologies, these patients can be effectively evaluated in primary care by considering the most common causes, which alone, or in combination, make up the vast majority of cases: upper airway cough syndrome (UACS), gastroesophageal reflux disease (GERD)/laryngopharyngeal reflux disease (LPR), asthma and non-asthmatic eosinophilic bronchitis (NAEB). These should be evaluated clinically and spirometry performed if indicated. Empiric treatment should be initiated while considering angiotensin converting enzyme inhibitors, environmental triggers, tobacco use, chronic obstructive pulmonary disease (COPD) and obstructive sleep apnea (OSA) as potential causes. Chest X-ray can rule out concerning infectious, inflammatory and malignant thoracic conditions and empiric treatment of the aforementioned etiologies can also be diagnostic. In rare cases, chronic refractory cough may be present and one may then consider referral to pulmonology and/or otolaryngology, in addition to trial with gabapentin, pregabalin and/or speech therapy. In this presentation, the author will discuss how to evaluate and effectively treat these causes of chronic cough in the primary care setting, in addition to discussing when to refer these patients for specialty care.

**Recent Publications**

1. Michaudet C and Malaty (2017) Evaluation of the patient with chronic cough. *American Family Physician* 96(9):575-580.
2. Marlow N H, Malaty J Jo A, Tanner R J, Beau de Rochars V M, Carek P J and Mainous A G (2017) Hearing impairment and undiagnosed disease: the potential role of clinical recommendations. *Journal of Speech, Language, and Hearing Research* 60(1):231-237.
3. Carek PJ, Malaty J, Dietrich E, Lombardi J, Porter MB, Blanc P and Samraj G (2016) Addressing hospital readmissions: impact of weekly meeting. *Family Medicine* 48(8):638-641.
4. Malaty J (2016) Medical management of chronic rhinosinusitis in adults. *Sinusitis* 76-88.
5. Dieuvil M and Malaty J (2016) An uncommon cause of acute encephalopathy in liver cirrhosis. *BMJ Case Reports*.

**Biography**

John Malaty has expertise in ear-nose-and-throat conditions in primary care. He is an academic family Physician, who is board-certified by the American Board of Family Medicine and who also has prior Residency training in Otolaryngology and recently made a Fellow of the American Academy of Family Physicians (FAAFP). He learned specialized clinical care skills about evaluating and managing ear-nose-and-throat problems that are frequently encountered in primary care. His expertise has led him to publish and present his research work nationally and internationally in this field, and to teach these skills to family medicine residents in an academic family medicine residency training program at the University of Florida.

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