

Clinical Pearls: Common Symptoms

- While acute cough (< 3 weeks duration) when infectious is usually viral, remember to consider Bordetella pertussis early since treatment is indicated if it's within 2-3 weeks after symptom onset.
 - Look for "paroxysmal cough" -defined as recurrent prolonged coughing episodes with an inability to breathe during coughing spells. This feature has high sensitivity for pertussis. Additionally, the absence of fever suggests this diagnosis as pertussis is not commonly associated with fever.
 - Although traditionally associated with cases in children, more than half of cases now occur in adolescents and adults and symptoms may be less severe than the "whooping cough" usually associated with infection in children.
- The most common cause of chronic cough in adults (lasting >8 weeks) is upper airway cough syndrome (UACS). Formerly known as "post-nasal drip syndrome.",
 - UACS can include cough, nasal discharge, sensation of postnasal drip, and throat clearing with or without cough.
 - Allergic-rhinitis related UACS is optimally treated with intranasal corticosteroids whereas if it is non-allergic it responds best to first generation antihistamines and decongestants.
- DSM5 criteria for chronic insomnia include sleep symptoms that have occurred at least 3 nights per week for at least 3 months, along with the absence of another sleep, medical, or mental disorder that could be causing insomnia.
 - Guidelines recommend CBT-I as first-line treatment for chronic insomnia. CBT-I typically includes sleep hygiene teaching; behavioral interventions, such as sleep restriction and stimulus control; and cognitive therapy aimed at anxiety and catastrophic thinking around insomnia.