My Child Has Been Coughing for Weeks

Should I Be Worried? A parent's guide to chronic cough in children

By Dr Omi Narayan — Consultant Paediatric Pulmonologist & Sleep Physician, Dubai

> You've been to the GP three times. Each time you've been told it's a virus, given the same advice about fluids and rest, and sent home. Your child finishes the antibiotics — if they were prescribed any — and within two weeks the cough is back.

By now you're exhausted, frustrated, and starting to wonder if you're being overcautious. You're not.

A cough that goes on for more than four weeks in a child — what we call a **chronic cough** — is never something to simply wait out. It always has a cause. Finding that cause is what I spend a significant part of my working life doing, and in most cases it is entirely treatable.

First, let's talk about normal coughs

Children cough. A lot. Pre-school children can have six to eight viral respiratory infections a year, each one bringing a cough that lingers for one to three weeks. This is completely normal and no cause for alarm.

The cough I want to talk about is different. It's the one that:

- Has been going on for more than four weeks
- Keeps coming back, with only short gaps between episodes
- Is worsening rather than gradually improving
- Is accompanied by wheeze, breathlessness, noisy breathing, or poor growth
- Is genuinely affecting your child's sleep, school attendance, or quality of life

The most common causes — and what they feel like

Asthma

The most common cause of chronic cough in children, but it doesn't always present the way parents expect. Not every child with asthma wheezes. Many have cough-variant asthma, where the cough is the main or only symptom. It's typically worse at night, in the early morning, after exercise, or around animals, dust, or cigarette smoke.

Post-viral airway inflammation

After a significant respiratory infection — RSV, influenza, even COVID — the airways can remain inflamed and hypersensitive for weeks or months. Every minor irritant triggers a cough. Common and usually self-resolving, but it can benefit from treatment in the meantime.

Allergic rhinitis and post-nasal drip

A blocked or runny nose leads to mucus trickling down the back of the throat, triggering a reflex cough — often worse at night when lying flat, or first thing in the morning. In Dubai, house dust mite allergy is particularly common because of air conditioning and sealed buildings.

Gastro-oesophageal reflux (GERD)

Stomach acid travelling up into the oesophagus can trigger a cough reflex, particularly after meals and at night. There may be no heartburn at all — clues include a hoarse voice in the mornings, frequent throat clearing, or recurrent sore throats.

Protracted bacterial bronchitis (PBB)

A low-grade bacterial infection sitting in the large airways — not severe enough to cause pneumonia, but persistent enough to cause a wet, productive cough that won't go away. These children are often prescribed multiple short antibiotic courses that suppress but never fully clear the infection. They need a longer course of the right antibiotic, and typically respond very well.

Habit cough

After an initial respiratory illness, some children develop a habitual cough — often honking or barking, completely absent during sleep, worsening in stressful situations. It is not deliberate. It responds to specific techniques, not antibiotics.

Rarer causes

In a smaller number of children, chronic cough can indicate something more significant — a foreign body in the airway (in younger children), primary ciliary dyskinesia, cystic fibrosis, or an immune deficiency. These are less common but important not to miss.

Red flags — see a specialist without delay

Please don't wait if your child has any of the following alongside their cough:

- A cough that started suddenly — especially in a toddler who may have inhaled something
- Coughing up blood
- Persistent fever alongside the cough
- Weight loss or poor growth
- Finger clubbing (a rounded swelling of the fingertips)
- Wheeze or breathlessness that is worsening
- A wet, rattly cough present for more than four weeks despite antibiotics
- A child under one year with a persistent cough

Practical tips for parents at home

1. Keep a simple cough diary

Note when the cough is worst — morning, night, after meals, after exercise, around animals. Note what triggers it and what makes it better. This is genuinely valuable in clinic and saves time.

2. Address the environment

Use allergen-proof covers on pillows and mattresses. Wash bedding at 60 degrees weekly. Keep windows closed during dusty weather. Don't let the air conditioning become excessively cold or dry. A HEPA air purifier in the bedroom is worth considering if allergies are suspected.

3. Don't over-use cough medicines

Most over-the-counter cough syrups have very limited evidence in children. Some can suppress a productive cough that is helping clear the airway. Save your money for a proper diagnosis.

4. Honey — genuinely useful for the right kind of cough

For children over one year old with a dry, irritating cough, a teaspoon of honey at bedtime has reasonable evidence behind it and is completely safe. Do not give honey to children under one year — risk of infant botulism.

5. Hydration

Keeping children well hydrated thins mucus and makes coughing more productive. Warm drinks are particularly soothing for an irritated throat.

6. Avoid smoke in all forms

Tobacco smoke and shisha smoke are significant airway irritants and will worsen any cough.

What happens at your appointment

I'll take a detailed history and examine your child from head to toe. Depending on what I find, I may arrange:

- **Spirometry** (breathing tests) — to check lung function and look for asthma
- **Chest X-ray** — to rule out structural causes
- **Allergy testing** — skin prick tests or blood tests
- **Flexible bronchoscopy** — a camera test to look directly inside the airways, under sedation
- **Induced sputum or airway samples** — to identify any infecting bacteria

The vast majority of children with chronic cough have a diagnosis within one or two appointments, and most respond well to treatment.

> If your instinct tells you something isn't right, trust it. You know your child. A cough that has been going on for weeks deserves a proper answer — not another 'wait and see'.

Dr Omi Narayan is a Consultant Paediatric Pulmonologist and Sleep Physician based in Dubai. He trained in the UK's National Health Service for 16 years, including as a Consultant at Royal Manchester Children's Hospital, where he led the bronchoscopy, sleep and long-term ventilation services. He holds dual UK board certification (CCT) in Paediatrics and Paediatric Pulmonology, an MSc from King's College London, and has published over 50 peer-reviewed papers. More parent guides at **childrenlungs.com**