

# Dr. Koufman's Vagal Neurogenic Symptom Medication Info Sheet

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*The information herein reflects the author's past clinical experience; it is not offered not as medical advice; it should in not replace any recommendation(s) or treatment(s) prescribed by your physician(s); use of this information is solely at the reader/user's risk/responsibility. J. Koufman, MD*

Medical treatment of neurogenic cough is not always necessary; if the patient has concomitant reflux, anti-reflux treatment should come first. For the (reflux-controlled) patient with recalcitrant neurogenic cough, then "neurogenic" medication(s) are indicated. The key is to titrate the medication and doses for each individual, using the smallest effective dose. Small doses of medication are initially employed and increased incrementally until the cough is gone, not just improved. Thereafter, most patients need a minimum of 6-12 months of treatment to facilitate a reset in the brainstem. In other words, the medication should not be stopped when the cough is gone; discontinuance too soon may result in the return of the neurogenic cough.

Initially, amitriptyline is used in small doses before bed. While this is traditionally used as an antidepressant, Elavil 10 mg. is not enough to affect depression; it is being used for neurogenic cough. At this dose, side effects are very uncommon, although the amitriptyline may help patients sleep (but have no daytime ill effects). When gabapentin is added, again, it is in small doses that can be escalated every few days. The patient must be instructed, "Every time you change the dose, ask yourself, is the cough better or not, and do you have any side effects?" The protocol for gabapentin is shown in the table below.

## **Amitriptyline (Elavil) 10mg.: This will require your doctor to write a prescription\***

These small pills may be difficult to break in half; however, take ½ tab (5 mg.) at bedtime for 3-4 days; then, if no side effects, increase to 1 tab (10 mg.) at bedtime going forward. (Amitriptyline 10 mg. alone will stop a neurogenic cough in 15% of people ... most people need the combination of amitriptyline and gabapentin.)

\* *Amitriptyline (Elavil) 5-10 mg. QHS, #30 ... note: the generic will do fine*

## **Gabapentin (Neurontin) 100-800 mg.: This will require your doctor to write a prescription\***

After you have been on the amitriptyline for a week, if you still have a neurogenic cough, start taking gabapentin 100 mg. (one cap) in the morning before breakfast. Every three days, you can increase the dose (see schedule below) until you are taking two caps at breakfast, lunch, dinner, and bedtime, a total of 800 mg.

\* *Gabapentin (Neurontin) 100-200 mg. QID, #240 ... note: the generic will do fine*

### **Titration of Gabapentin**

	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Bed</b>	<b>Total</b>
Start	100				(100)
Day 3	100	100			(200)
Day 6	100	100	100		(300)
Day 9	100	100	100	100	(400)
Day 12	200	100	100	100	(500)
Day 15	200	100	200	100	(600)
Day 18	200	200	200	100	(700)
Day 21	200	200	200	200	(800)

***For most people with neurogenic cough, 800 mg. of gabapentin is insufficient to knock out the cough. If you are on 800 mg of gabapentin (with 10 mg of amitriptyline) with insufficient benefit and no ill effects, contact your physician and escalate to gabapentin 300 mg. QID (4x/day). If more is needed after that, perhaps escalate to gabapentin 400 mg. QID. This protocol is effective for 75% of patients. Good luck!***