



Wen Ming Koh (3rd left) and colleagues at the Institute for Health Behavioural Research, Malaysia



Boosting Research Careers

Improving chronic cough diagnosis in Malaysia

Wen Ming Koh introduces her IPCRG funded project and explains how the IPCRG has supported her research into respiratory care. Wen Ming Koh is a family physician and researcher in Malaysia, working in a family medicine clinic under the Ministry of Health, Malaysia. The project was carried out with co-researchers Anusha Manoharan and Sathia Kanawathy, also family physicians at the Ministry of Health Malaysia.

This project is a collaboration with the Universiti Malaya (Chin Hai Teo and Associate Professor Siti Nurkamilla Binti Ramdzan) and the Institute of Health Behavioral Research, National Institute of Health (Manimaran Krishnan Kaundan, Komathi Perialathan and Logeswary Krishnan).



Wen Ming Koh
Best abstract award winner at the
IPCRCG World conference

How did your project plan to improve care in chronic cough?

We wanted to conduct a study on chronic cough as this is an important issue in Malaysia. With a team of family medicine doctors from the Ministry of Health Malaysia, our project developed a diagnostic checklist for chronic cough for family doctors that is specific to Malaysia. This is a feasibility study which we hope can now become a nationwide trial.

While international guidelines are available, these are not suitable for use in Malaysia as the facilities and resources to use them are not present and they do not account for a situation where TB is highly prevalent.

Equally, there is no Malaysian consensus on chronic cough. Doctors base their diagnosis on clinical history and observation, and they usually do not have a direct link to a chest physician. In Malaysia the first step is always to screen for TB. Many investigations stop after TB screening, often with only cough mixture prescribed for non-TB respiratory diseases.

How will this help patients?

There are drugs available for asthma, COPD and GERD in primary care clinics, as well as pulmonary rehabilitation, so achieving diagnosis is a first step in providing better support to patients. Our diagnostic tool also has an algorithm to help ensure patients with red flags are identified during the initial visit and referred promptly to the relevant specialty at a tertiary hospital for further evaluation and management. For example, if a lung cancer risk is identified then a CT scan can be done sooner, with the aim to do this within 2 weeks.

What happens next?

We will continue to test the chronic cough diagnostic checklist, validating this over the next 6 months. Thereafter we aim to apply for support to run a nationwide trial.

How did you become involved in respiratory disease and with the IPCRG?

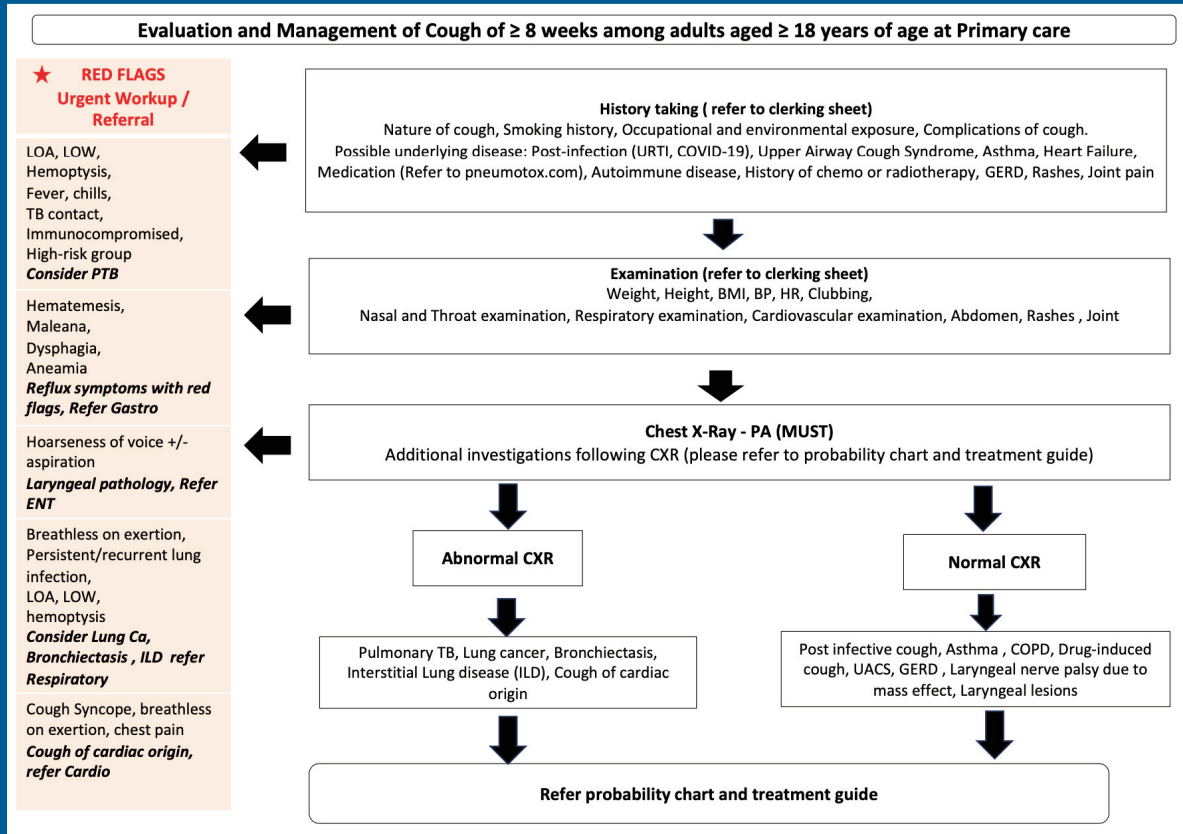
During my postgraduate degree I saw that there were a lot of respiratory diseases and conditions seen in primary care, and yet respiratory disease was less sought after as a specialism in the medical field. This led me to become involved in a respiratory study where I met other family medicine doctors in Malaysia who are involved in respiratory disease and the IPCRG.

My postgraduate degree in the self-management of asthma was presented at in 2019 in the IPCRG Scientific Meeting and also won an **IPCRCG best abstract award**.

I now follow the IPCRG and receive regular communications, as well as maintaining contact with the respiratory community in Malaysia.

Continued...

An algorithm to help prioritise higher risk patients



How have the opportunities in IPCRG enabled you to grow in the field of research?

The IPCRG provides a lot of the support needed to develop as a researcher, through its education and research projects. Without the IPCRG support this project would not have happened.



Wen Ming Koh (middle) at the 12th IPCRG World Conference in Athens, with colleagues Sathia Kanawathy and Anusha Manoharan



Wen Ming Koh (2nd left) and colleagues at the Institute for Health Behavioural Research, Malaysia

What other respiratory work do you have planned?

For chronic cough we have a workshop planned for family doctors, as well as the planned national trial after the feasibility study. Our team is also writing a paper on asthma in pregnancy. Tobacco smoking is another big issue in Malaysia which I am planning to work on. Generally, I hope to continue work on respiratory issues beyond my role as a family medicine doctor.

What advice do you have for researchers looking to start a project?

My advice is not to get hung up on trying to understand everything at the outset. Expect the unexpected and be thoughtful of others but maintain objectivity. Importantly, don't be afraid to participate in research projects – you will learn a lot from them.