



Patient Medication Withholding Chart

The following medications may decrease bronchial hyperresponsiveness and should be withheld prior to taking an Aridol® challenge test.

Withholding Time	Medication
6 – 8 hours	Short-Acting Beta 2 Agonists¹ e.g. albuterol (Ventolin®); terbutaline sulfate (Bricanyl®)
12 hours	Inhaled Corticosteroids¹ e.g. beclomethasone dipropionate (Qvar®); budesonide (Pulmicort®); fluticasone propionate (Flovent®)
	Anticholinergic Bronchodilators¹ e.g. ipratropium bromide (Atrovent®)
24 hours	Phosphodiesterase Inhibitors / Adenosine Receptors² e.g. theophylline (Quibron-T®)
36 hours	Inhaled Corticosteroids and Long-Acting Beta 2 Agonist Combination Products¹ e.g. fluticasone and salmeterol (Advair®); budesonide and formoterol (Symbicort®)
	Long-Acting Beta 2 Agonists¹ e.g. salmeterol xinafoate (Serevent®); formoterol fumarate (Perforomist®)
48 hours	Long-Acting Anticholinergics¹ e.g. tiotropium bromide (Spiriva®)
	Short-Acting Antihistamines¹ diphenhydramine (Benadryl®)
72 hours	Long-Acting Antihistamines¹ e.g. brompheniramine maleate (Dimetapp®); loratadine (Claratin®); cetirizine (Zyrtec®); fexofenadine (Telfast®); levocetirizine dihydrochloride (Xyzal®)
4 days	Leukotriene-Receptor Antagonists¹ e.g. montelukast sodium (Singulair®)

Other Special Patient Instructions

(optional):

Withholding times for different therapeutic products vary according to the half-life of the active ingredient(s). In the absence of a specific recommendation for a product, this will be determined by the clinician. Withholding periods are a recommendation¹ and may be varied at the clinician's discretion.

The information contained in this sheet is not designed to replace the advice of your doctor/healthcare professional (HCP). Please consult with your HCP.

Foods: Ingestion of significant quantities of coffee, tea, cola drinks, chocolate or other food containing caffeine may affect test results. These substances should be withheld on the day of the test (prior to testing).

Exercise: Vigorous exercise should not be performed prior to testing on the day of the test.

Smoking: Patients should refrain from smoking for at least 6 hours prior to testing.

Cromones, inhaled corticosteroids and leukotriene modifiers have little or no effect in single dose, and do not need to be withheld unless the intent is to offload an anti-inflammatory effect; duration of effect after regular use is uncertain but a withhold time of 4–8 weeks is reasonable.³

The drug names provided in this document are illustrative and may not include all drugs within a category. Please discuss with your healthcare professional.

Important Safety Information

WARNING: This product can cause severe chest tightness making it difficult to breathe

Mannitol, the active ingredient in ARIDOL, can cause the airways to tighten which can make it hard to breathe. Bronchial challenge testing with ARIDOL should only be performed by a trained healthcare professional under the supervision of a physician who understands all aspects of the test and how to manage its potential side effects. Medications and equipment to treat severe chest tightness must be present in the testing area and if severe chest tightness occurs it should be treated immediately by giving an inhaler that opens the airways. Bronchial challenge testing with ARIDOL should not be performed in patients experiencing asthma or those with very poor lung function.

Bronchial challenge testing with ARIDOL will be used only as part of the overall assessment of a patient's airways/asthma.

ARIDOL shouldn't be used in patients who know they are allergic to mannitol (the active ingredient in ARIDOL), or to the gelatin used to make the capsules. The product also shouldn't be used for patients with medical conditions that can be made worse by taking this bronchial challenge test and or its potential side effects. Bronchial challenge testing with ARIDOL should not be performed in children less than 6 years of age.

Some patients may have a reaction to ARIDOL. This won't happen to everyone, but these reactions were experienced by more than 1 in every 100 patients in clinical trials; headache, throat pain/irritation, feeling sick, cough, runny nose, feeling short of breath, chest discomfort, wheezing, retching and dizziness.

This information is not designed to replace the advice of your doctor or healthcare professional. If you have any questions about ARIDOL or the information above please ask your doctor.

References: 1. Wanger, J. ATS Pulmonary function laboratory management & procedure manual, 3rd ed. New York, NY: American Thoracic Society; 2016. 2. Ferrari M, Olivieri M, Lampronti G, et al. Effect of once daily and twice daily sustained release theophylline formulations on daytime variation of bronchial hyperresponsiveness in asthmatic patients. *Thorax* 1997; 52: 969–974. 3. Coates AL, Wanger J, Cockcroft DW, et al. ERS technical standard on bronchial challenge testing: general considerations and performance of methacholine challenge tests. *Eur Respir J* 2017; 49: 1601526 [https://doi.org/10.1183/13993003.01526-2016].