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I. Purpose and ScopeII. Methacholine Challenge TestingA. IndicationsB. ContraindicationsC. Technical Training / Quality D. Safety. Preparation of patient F. Choice and preparation of MethacholineG. Dosing Protocols 1. Two Minutes 2 Tidal Breathing Dosing Protocol 2. Protocol of Dosimeter of five crowns H. Nebulizers and DosimetersI. Spirometry and other endpoint measuresJ. Data presentationK. Interpretation III. Exercise Challenge. IndicationsB. Contraindications and Preparation of Patient C. Exercise Challenge Test. A: Sample Methacholine Challenge Test Consent FormAppendix B: Sample Methacholine Challenge Pretest Questionnaire Appendix C: Sample Report FormatAppendix D: Equipment sources This statement provides practical guidelines and suggestions for methacholine and challenging testing exercise. Specifically, it analyzes indications for these challenges, details factors that influence the results, presents brief protocols step by step, defines safety measures, describes the proper preparation and procedures of the patient, provides an algorithm to calculate the results and offers guidelines for clinical interpretation of the results. Details are important because methacholine and exercise challenge tests are actually dose-response tests and dose delivery and response measurement should be accurate if a valid test is obtained. These guidelines are oriented to patients who can perform good quality spirometry tests; they are not suitable for preschool babies or children. They are not intended to limit the use of alternative protocols or procedures that have been established as acceptable methods. The general theme of bronchial hyperresponsibility (BHR) is not discussed. The bronchial challenge tests chosen for review are the two most used, with sufficient information in enilohcahtem enilohcahtem oifased ed setset ,siod soD .edadilitu aus railava arap better established; A number of aspects in the Exercise Challenge Protocol will benefit from an additional evaluation. We do not address specific challenges with high occupational sensitizers, drugs or sensitizers, and we recommend that such tests be performed only in laboratory with considerable experience in their techniques. For more details or other challenge procedures, the reader is forwarded to previously published guidelines for BRON Challenges tests (1-5) and BHR-General Reviews (6-9). As with other declarations of the American Thoracic Society (ATS) on pulmonary function tests, these guidelines come out of a consensus conference. The basis of discussion at the Committee's September 1997 meeting was a project prepared by TRANS MEMBERS (P.E., C.I. and R.C.). The draft was based on a comprehensive survey of the medline literature from 1970 to 1997, increased by contributions from the members of the Committee. Finally, the consensus panel of the Committee reviewed and modified the guidelines. Several changes were made in the original version of the document.

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