

Investigations for ME / CFS

Tests are primarily to exclude other diagnoses: NICE emphasises that there are no validated diagnostic criteria for ME/CFS itself. The following have been adapted from [NICE guidance 206](#); and agreed by NHS Lothian PLIG after multidisciplinary discussion.

A: Recommended tests

- Urinalysis for protein and blood
- FBC
- C&Es
- LFTs (including albumen)
- TFTs
- ESR and CRP
- Blood glucose or HbA1c
- Calcium / phosphate
- Coeliac screening
- Creatine kinase
- Low threshold for testing for BBVs: in general HIV, HCV and HBV serology are recommended.

B. Additional tests for consideration

Haematology

In line with NHS Lothian [haematology guidance](#), ferritin (& fasting iron studies if ferritin normal) should only be done if a full blood count and other haematological indices suggest iron deficiency. Tests for vitamin B12 deficiency and folate levels should not be carried out unless there are relevant full blood count abnormalities eg macrocytosis or symptoms that specifically indicate deficiency.

Immunology

Autoimmune serological testing should be guided by the clinical picture rather than used as a 'screen'. For isolated fatigue, immunology testing is rarely useful. Please see [RefHelp guidance on immunology testing](#) for further information.

AMA should only be considered if there are concomitant clinical indications – e.g symptoms of skin itch / deranged LFTs / other clinical parameters to suggest autoimmune liver disease.

(NB: Requesting AMA will mean that GPC/LKM/SMA are also simultaneously tested, as they are part of a linked batch).

Liver function.

If there clinical indications of liver disease, or abnormal LFTs please see [liver and biliary guidance](#) for further advice, including indications for immunological tests.

Serology

Where indicated:

- Lymphadenopathy: HIV, EBV, CMV, toxoplasmosis, syphilis and please see the [RefHelp lymphadenopathy page](#)
- Lyme serology (history of tick bite/rural exposure).

Orthostatic intolerance

This may include postural orthostatic tachycardia syndrome (POTS), which is a significant rise in pulse rate when moving from lying to standing, with postural hypotension. Please check supine and standing blood pressure and pulse rate. Where appropriate, consider an ECG; or early morning cortisol if there are indications of adrenal insufficiency.

C. Tests that should not be performed routinely.

Serological testing should not be carried out unless the history is indicative of an infection. Depending on the history, tests for the following infections *may* be appropriate, and GPs may want to seek further advice for the non-BBV indications:

- chronic bacterial infections, such as borreliosis
- acute viral infections, such as infectious mononucleosis (use heterophile antibody tests)
- latent infections, such as toxoplasmosis, Epstein–Barr virus or cytomegalovirus

Iron, B12 and folate (see haematology testing above).

‘Blanket’ immunology testing without specific clinical indications.