

## MEMORANDUM

TO: All Physicians, Nurse Practitioners, Directors of Nursing, Nurse Managers,  
Clinical Instructors/Educators, Laboratory Managers, Hematology Laboratories

FROM: Dr. Jennifer Fesser  
Division Head, Hematology Laboratory, PEI

DATE: April 19, 2013

RE: **ERYTHROCYTE SEDIMENTATION RATE (ADULTS)**

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Background: The erythrocyte sedimentation rate (ESR) has been historically employed in the investigation of infection, inflammatory diseases and malignancy. However, the ESR is a non-specific test, and can be increased and decreased by a variety of disease conditions, as well as being affected by patient characteristics such as gender, age, pregnancy, medications and smoking.

In adult patients in all situations (i.e. suspected infection, polymyalgia rheumatica, temporal (giant cell) arteritis, rheumatoid arthritis and systemic lupus erythematosus), the C-reactive protein (CRP) is the preferred test. Occasionally, patients with polymyalgia rheumatica or temporal (giant cell) arteritis may have a normal CRP and an elevated ESR.

Advantages of the CRP over the ESR:

- 1) The CRP is more specific and more sensitive to subtle changes in the acute phase response
- 2) The CRP reference ranges do not vary with age or gender
- 3) The CRP is available as a STAT test

**In compliance with national and international guidelines, effective May 1, 2013, the ESR and CRP will not be performed if ordered simultaneously on an adult patient.** If the ESR and CRP are ordered together, only the CRP will be performed. Note that the ESR is NOT available STAT.

Please direct any questions to myself at (902) 894-2535.

pc. Dr. Sellers  
Jamie MacDonald  
Holly Brasky  
Barb MacEachern  
Bill Bylhouwer  
Brian Timmons

g:/Fesser 2013/ESR

