There are two main types of pulmonary vascular diseases: pulmonary embolism and pulmonary hypertension. Pulmonary embolism occurs due to blood clots which block branches of the arteries in the lungs, often following thrombosis in the veins of the leg or elsewhere.

Areas for action

- There is a need to develop better diagnostic methods for acute pulmonary embolism
- More research is needed to determine the causes of pulmonary hypertension
- Better awareness of pulmonary hypertension is essential for earlier diagnosis and management of the condition
- Antithrombotic prophylaxis with low-molecular weight heparin significantly reduces the risk of venous thromboembolic diseases in patients who are at risk, and thereby the risk of pulmonary embolism
- New therapies are needed for pulmonary hypertension as there is no known cure
- Prevention methods should be improved for people at risk of pulmonary embolism
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In Europe, cases of pulmonary embolism range from 6 to 20 per 10,000 people per year

7–11% of people with pulmonary embolism do not survive

There are 1.5–5.2 cases of pulmonary arterial hypertension per 100,000 people in Europe

Pulmonary hypertension may result from any of a range of causes or may be of unknown origin (idiopathic)

More women than men develop pulmonary arterial hypertension

Pulmonary arterial hypertension without specific therapy has a median survival rate of 2.8 years