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# Early discharge after acute pulmonary embolism: keep quality of life on the radar

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**Quality of life improves following early discharge for acute PE, but not for all patients. Clinicians need to understand factors affecting quality of life for a given patient and must identify patients needing more support after discharge.** <https://bit.ly/35dWzgV>

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Patients with acute pulmonary embolism (PE) present with a spectrum of clinical severity and PE-related outcomes. In recent years, risk stratification based on clinical, biochemical and imaging features has been used to predict the risk of adverse events and determine optimal therapy for patients with PE. The European Society of Cardiology (ESC), in conjunction with the European Respiratory Society (ERS), published recent guidelines for the diagnosis and management of acute PE that support the use of stratification of patients into risk categories to determine the management strategy with an optimal risk-benefit ratio (class I, level B recommendation) [1]. Patients with PE who have haemodynamic instability have the highest risk of mortality and warrant urgent revascularisation. There is a large group of intermediate risk patients who are haemodynamically stable but have other risk features, such as significant tachycardia or right ventricular (RV) dysfunction, for which therapy beyond anticoagulation remains controversial. In contrast, patients who are haemodynamically stable with no high-risk features may be considered for oral anticoagulation and outpatient management [1].