The early treatment of acute heart failure (AHF) has not changed in over 40 years. Despite more than one million hospitalizations annually to AHF with a high-grade exacerbation morbidity, mortality, and financial cost, there are no robust guidelines for the initial management of AHF.

Nitrate-based vasodilators (NV) are a mainstay of AHF management and have been recommended for emergency department (ED) patients with high blood pressure.

While registries have yielded substantial new knowledge, the differences between specialists in how they manage patients with AHF have not been well explored.

**Background**

To qualify, physicians must have practiced in their current specialty for between 2-30 years. Total 100.0% 426 100.0% 172 100.0% 163 100.0% 91

**Methods**

An Internet-based survey was conducted with US physicians. Physicians were identified from a healthcare sample provider panel (All Global online panel, which consists of 200,000 physicians and healthcare professionals in Europe and the US).

Panel physicians were recruited by phone and validated by AMA Medical Education number. Panelists were paid by the survey organization.

**Participants**

All participating physicians were compensated with an honorarium for their time. This study was approved by Essex Institutional Review Board, Inc.

**Results**

Of 1,655 US physicians invited, 1,504 responded, for a 2% response rate. Of those, 483 qualified for the study (172 EP, 163 CARD, and 91 HOSP).

Mean practice experience was 13.4 years, with 53% of CARD and 39% of HOSP.

**Limitations**

Finally, as the present study was cross-sectional in nature, results cannot be used to determine the causal relationships between specialties and treatment patterns. Follow-up longitudinal studies could help evaluate these relationships more comprehensively.

**Conclusions**

Pharmacological management of AHF differs significantly by specialty.