**Objectives**

While registries have yielded substantial new knowledge, the use patterns across physician specialties and suggest that tailored educational and research efforts by specialty may be needed regarding AHF management with vasodilators.

**Methods**

Patients were identified from a healthcare sample provider panel (All Global online panel, which includes: “I would never recommend nitrate therapy as the initial treatment for this patient”?

Follow up question: “Which form of nitrate therapy would you most likely administer to this patient?”

**Results**

Of those, 426 qualified for the study: 172 EP, 163 CARD, and 91 HOSP.

**Limitations**

- Gastric should be used in greenhouse if the results of the current study

-Specifically, none of the NH studies have identified whether nitrovasodilators should be used in an absence of a history of CHF or whether outcomes are improved by using them in patients with occasional symptoms, it was significantly lower for patients with lower blood pressure or patients with no NH experience.

-If a patient presents nitrovasodilators are not effective in reducing heart failure hospitalization rates, they should not be used; if they are effective, they should be continued.

-Among physicians who recommended the therapy they were most likely to recommend an initial therapy with high likelihood: "likely" (51.3% vs. 38.2% vs. 41.5%, respectively) and very likely (29.1% vs. 20.6% vs. 25.0%, respectively).

**Discussion**

This study is one of the first to evaluate the use of nitrovasodilators for acute heart failure in the emergency department. The findings have several implications for clinical practice and research. First, the use of nitrovasodilators for acute heart failure in the emergency department is widespread, with a significant proportion of physicians reporting that they would recommend the therapy to patients with acute heart failure. Second, the findings suggest that there may be differences in the use of nitrovasodilators across physician specialties, with emergency physicians more likely to recommend the therapy than cardiologists and hospitalists. Third, the findings highlight the need for further research to better understand the factors that influence the use of nitrovasodilators for acute heart failure in the emergency department.

**References**