**VALIDATION OF THE ARABIC VERSION OF THE MINNESOTA LIVING WITH HEART FAILURE QUESTIONNAIRE**

**S. Noureddine**1, M. Zahwe2, H. Isma'eel1, H. Tamim1, A. Al Hajje2, S. Rachidi2, H. Skouri1;   
1American University of Beirut, Beirut, Lebanon

2Lebanese University, Hadath, Lebanon

**Objective:** This study aim is to examine the psychometric properties and cultural validity of an Arabic translated version of the Minnesota Living with Heart Failure questionnaire (MLHFQ) as a disease-specific measure of Quality of life (QOL) in heart failure (HF) patients in Lebanon. QOL in patients with HF should be assessed appropriately since it is an important outcome that can be used to assess the effectiveness of HF treatments. The MLHFQ is the most commonly used disease specific instrument to measure QOL in HF patients. There is no validated Arabic version of the MLHFQ.

**Method:** The MLHFQ was translated to Arabic and back translated to English and evaluated for cultural appropriateness by a panel of experts. The study is using an observational cross-sectional design, targeting 210 adult consecutive HF outpatients, with ejection fraction < 50%, who are being recruited from a tertiary referral center in Beirut. Patients with history of acute coronary event in the preceding 3 months and patients with severe cognitive impairments are excluded. Patients are interviewed in the hospital with the MLHFQ and the patient health questionnaire (PHQ-9) that measures depression, in addition to demographic and clinical data.

**Results:** The experts rated all items of the MLHFQ between 3 and 4 (out of 4) on cultural appropriateness. Preliminary results showed Cronbach alpha coefficient of 0.88. The Pearson r correlation coefficient between the MLHFQ and the PHQ-9 is 0.83 (p < 0.001). In addition, there was a significant difference in the MLHFQ scores between the different NYHA classes (F= 61.92, p < 0.001). NYHA class I patients had a MLHFQ mean score of 12.75 (SD 9.58); class II patients had a mean of 20.74 (SD 6.52) and class III patients 45.69 (SD 10.20). Poorer QOL was associated with higher risk for depression and poorer function.

**Conclusion:**The MLHFQ seems appropriate for use in the Lebanese heart failure population.