listened to binaural beats in alpha, theta and delta frequencies (1-13Hz) for 30 minutes. Afterwards they have passed the 5-Dimensions of Altered States of Consciousness Rating Scale (**5D-ASC**).

Discussion results: The patients were divided into two groups, those in whom chephalalgia decreased less than 10% (N=2) and those in whom cephalalgia decreased for more than 10% (N=8). In the first group the levels of mental disorders (DSM-5), levels of dissociative experience (DES-28), somatoform reactions, levels of depression, hostility and psychotics (SCL-90) were higher than in the second group ($p<0.05$). Altered states of consciousness were highly pronounced in the second group.

Conclusion: Binaural beat stimulation was more effective than placebo for inducing altered states of consciousness for all 5 scales of 5D-ASC scale. Persons with affective disorders are less sensible to inducing altered state of consciousness. Symptoms check list SCL-90 is the most informative questionnaire for selecting responsive persons according to our study. Inducing altered states of consciousness and using binaural beats for pain treatment is contraindicated in people with mental disorders. Binaural beats are more efficient in pain treatment for persons who are more responsive to inducing altered states of consciousness.

Key words: binaural beat stimulation, altered states of consciousness, pain treatment

72. RISK FACTORS EVALUAT ION IN PATIENTS WITH ACUTE CORONARY SYNDROME

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Introduction: Acute coronary syndromes (ACS) are a major health problem and account for a large proportion of the total number of hospitalizations all over the world. Conventional cardiovascular risk factors, such as hypertension, diabetes, smoking, and dyslipidemia, increase the risk of developing coronary artery disease (CAD). Primary prevention studies have shown that the early detection and aggressive treatment of risk factors prevent cardiovascular events. The objective of our study is to investigate the risk factors and angiographic features of acute coronary syndrome (ACS) in patients who underwent coronary angiography in the emergency room.

Material and Methods: We studied 151 patients with a diagnosis of ACS and significant CAD (with stenosis ≥50%, as shown on angiography) admitted to the emergency room of Institute of Cardiology in the last quarter of 2015.

Data collection was performed using medical records including following variables: sex, age, risk factors for cardiovascular disease, coronary angiography.

Results: A total of 151 patients were studied having mean age of 62,5 years ± 9,13 years, of which 74,83% were men. ST-elevation myocardial infarction was present in 26,49% of patients, non-ST-elevation myocardial infarction – in 6,62% and unstable angina – in 66,89%. The most frequent risk factor was hypertension, which was present in 83,44% of patients, followed by dyslipidemia (80,79%), obesity (34,44%) and diabetes (29,14%). These risk factors were more prevalent in both men and

women, whereas smoking was present as a risk factor only in men – 18,58%. We identified at least one risk factor in 98,01% of all patients, two or three risk factors – in 66,89%, and four or five risk factors – in 15.89% of patients. The lipid profile analysis revealed that the most frequent type of dyslipidemia Associated with CAD was high levels of low-density lipoprotein cholesterol (55.78% of cases). Single-vessel disease in coronary angiography occurred in 25,17% of all patients, two-vessel lesions – in 15,89%, and triple-vessel lesions – in 89 (58,94%) patients.

Conclusions: We found at least one conventional risk factor in 98.01% of patients with ACS and significant CAD. The most frequent risk factors were hypertension and dyslipidemia in both men and women. The lipid profile analysis revealed that more than half of cases had high low-density lipoprotein cholesterol levels. Triple-vessel disease in coronary anfiography occurred in 58,94% of total number of patients.

Keywords: acute coronary syndrome, risk factors.

73. SLEEP STRUCTURE IN PATIENTS WITH LOGONEUROSIS

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Introduction: Logoneurosis is a temporo rhythmical disorder of speech organization that occurs because of convulsive muscle contractions of the phonatory apparatus. It affects about 5-8% of children, 1% of adults and it is Associated with high levels of social anxiety. During childhood, in patients with logoneurosis, there are observed sleep disorders: startles before falling asleep, a restless superficial sleep, many dreams and nightmares. The objective of the research is to study the features of sleep in patients with logoneurosis.

Materials and Methods: We carried out a case-control study where were included eight patients with logo neurosis and another eight persons without any speech pathology. Patients and healthy individuals were assessed by using the Spielberger level of anxiety and Pittsburgh (PQSI) sleep quality rating questionnaires. In two patients with logo neurosis from the study group, was performed a cardiorespiratory polygraphy with a neuroport (GATES 7).

Results: Sex distribution in groups resulted a significant prevalence of the logoneurosis 3/4 or 75% in males (6), as compared to 25% (2) in women. After a statistical analysis, we obtained the following results: patients with logoneurosis had an average of 41.6 points of personality anxiety, compared to only 31.5 points in the control group, which indicates a significant difference ($p < 0.05$); the average score of Pittsburgh inventory in patients with logoneurosis was 6.37 compared to 3.37 points from those of the control group ($p < 0.05$).

Following the assessment by cardiorespiratory polygraphy with a neuroport, we obtained the following results: a prolonged sleep latency in both patients (31 and 37 minutes); a sleep efficiency of 71.9% and 87.3% (norm> 90%)*;* in both patients was determined a significant growth of 38.37% and 16.09% (norm 5-10%) of N1 sleep phase on hypnogramme and a decreased N2 sleep phase duration