included the recording of the electrocardiogram using the computer system Biopac MP-36 during the break repose (R) - for 5 minutes; Pain test (P) - 3 min; post-pain (pP) -5 minutes. The primary data processing was performed using the program "Kubios HRV Standard (version 3.2.0, 2019).

Results. The HRV parameters of the spectral analysis (Fourier), including the LF components, the low frequency spectral variation as an index of the sympathetic modulation and the HF the high frequency spectral variation as a primary factor in the evaluation of the vagal activity, do not show significant differences between the both groups included in the study. Within the second group, in pP the low frequency (LF) increase with 16.3% in pP compared to R, ($p < 0,01$) and with 12% ($p < 0.05$), compared to P. This denotes a tendency towards dynamic emphasis on the sympathetic vegetative nervous system activity. Dynamic evaluation of the average values of the high spectral frequency (HF) variation is lower with 15.5% in pP than R ($p < 0.01$); and with 13% lower pP compared to P test,($p < 0.05$).

Conclusions. The differences between the HRV parameters in the second group recorded in the functional tests could probably be explained by the high activity of the structures involved in the affective control of pain in people with borderline personality disorder.

Key words: Borderline Personality Disorder (BPD

278. PREDICTIVE SCORES IN TRAUMA. CONTROVERSY

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Introduction. More than 50 score systems have been published for the classification of injured patients in emergency or intensive care medicine. A quantitative method for measuring trauma severity has many potential applications: patient triage, a common terminology about injuries severity, prognosis assessment, trauma care audit and epidemiological.

Aim of the study. To analyze the main scoring systems used in today's trauma care and to evaluate their efficiency in predicting the injury severity. To analyze specific alterations made to level up the sensibility and specificity of a score on different populations and to find different studies where trauma scores are being compared. And finally, the aim of the study is to find the advantages and disadvantages of different trauma scores.

Materials and methods. A systematic review of the literature using computer searching of Hinari Access to Research for Health Program database using PubMed Entre interface and Scopus. We have selected articles about the main scoring systems used in today's trauma care, as well as studies where they a being compared or where modifications are made to trauma scores.

Results. Trauma scores were introduced more than 30 years ago, for assigning numerical values to anatomical lesions and physiological changes after an injury. More than 50 score systems have been published for the classification of injured patients in emergency or intensive care medicine. This large number indicates that the prediction of outcome is and never will be perfect because the severity of the injury is complex and difficult to quantify. There is no consensus between the major trauma registries regarding the probability of survival estimation

in major trauma patients. The German, United Kingdom trauma registries scores are based on the largest population, with demographics updated to the nowadays European injury pattern.
Conclusions. Even if they are imperfect, trauma scores are essential tools in trauma patients' management and research. Using large national databases allow better research, validation and development of scoring systems, and there is a need of the creation of an international database and further research to create a score perfect for each population.
Key words: trauma, score, GCS, ISS, TRISS

279. PARAMETERS OF THE RESPIRATORY PATTERN IN PATIENTS WITH BORDERLINE TYPE PERSONALITY DISORDER

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Introduction. The study of the changes of the respiratory pattern under the influence of physiological or pathological factors allows the thoroughgoing of the knowledge in the field of physiology of systemic interactions, as well as in the field of the physiopathology of functional psychosomatic diseases. It should be taken into consideration the high prevalence of borderline type personality disorder in primary health care and up to 20% in specialized psychiatry centers, alongside with the considerable insufficiencies caused to patients. Thus, the study of respiratory pattern could offer to physicians, especially at the primary level, an alternative to the pharmacological treatment, by correcting the psychophysiological mechanisms of systemic dysfunctions development.
Aim of the study. This study is focused on evaluating changes in the respiratory rhythmogenesis in people with borderline type personality disorder, by analyzing the respiratory pattern, and on the clinical approach of the obtained results.
Materials and methods. In the study were involved 95 people aged between 19 and 60 that were given a questionnaire about personality disorders PID-5. Based on the results, the subjects were divided into two groups: the control group (n = 64) and the group of people with borderline type personality disorder BPD (n = 32). The experimental protocol included the parameters of the respiratory pattern in 3 functional samples, recorded with the VisuResp plethysmograph: resting (R) - 5 min, hyperventilation (HV) - 3 min and post hyperventilation (postHV) 5 min.
Results. In the R sample of the BPD group, was found a decrease of the following parameters of the respiratory pattern, compared to the control group: the current volume by 21%, the duration of the inspiration with 10.3%, the duration of the respiratory cycle by 12.1%; however, in the same sample, the breathing frequency was increased by 11.5%. In the postHV sample, the statistical differences in the parameters of the respiratory pattern in the PBD group, compared to the control group, are also observed: increased current volume with 21.5%, duration of the expiration by 52.1% and average inspiratory flow with 13.1%, but decreased duration of inspiration by 7.2% and the total duration of the respiratory cycle by 33.9%. The increased respiratory flow due to the increased current volume, explains the decrease of the CO2 concentration by 17.3%. Therefore, we found out that hyperventilation has a more substantial impact on the respiratory pattern in people with BPD, compared to the control group.