diagnoses were as follow: unipolar major depressive disorder (MDD) (50%), bipolar disorder (BD) (33.7%), and anxiety disorders (16.3%). subjects completed a socio-demographic questionnaire, the Udvalg for Kliniske Undersøgelser (UKU), and Adolescent/Adult Sensory Profile (AASP) questionnaire.
Results Longer duration of current episode correlated with greater registration of sensory input and lower avoidance from sensory input among unipolar patients, lower registration of sensory input, and higher tendency for sensory sensitivity/sensation avoidance among bipolar participants. In addition? longer duration of current episode correlated with lower sensory sensitivity/avoidance among anxiety participants, respectively. Mean UKU total scores were associated with lower sensory sensitivity among bipolar individuals as well.
Conclusions SPD expressed in either hypo-/hypersensitivity may be used to clinically characterize subjects with major affective and anxiety disorders.
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Dysfunctional meta-cognitive beliefs across psychopathology: A meta-analytic review

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Introduction It is assumed that dysfunctional meta-cognitive beliefs about one's thoughts increase problematic appraisals and coping behaviors, which further contribute to the development of mental disorders (Wells and Matthews, 1994; Wells, 2000). Although this research interest originated around generalized anxiety disorder (GAD), recent studies have begun to examine similar meta-cognitive processes in other disorders. The majority of studies using Meta-cognitions Questionnaire (MCQ; Cartwright-Hatton & Wells, 1997) and its variants to assess meta-cognitive beliefs.
Objectives We conducted a meta-analysis to integrate empirical findings on group differences in meta-cognitive beliefs between healthy individuals and patients with various psychiatric disorders.
Methods We followed the PRISMA guideline (Liberati et al., 2009). A systematic literature search was conducted. We included studies that involved a diagnosed psychiatric group and healthy controls (aged 18 or above), reported group comparisons of metacognition, and were published during the period of 1990–27 August 2015. Effect sizes were computed.
Results A final set of 43 studies was included. Large combined effect sizes were found on each subdomain of the MCQ, indicating increased levels of dysfunctional meta-cognitive beliefs in patients. Subgroup analyses were carried out based on psychiatric diagnosis (i.e. psychosis, $n = 10$; GAD, $n = 7$; obsessive-compulsive disorder, OCD, $n = 15$; anorexia nervosa, $n = 5$). All patient groups were more dysfunctional on each subtype of meta-cognitive beliefs than controls. Effect size of U/D was particularly large for GAD, and that of CSC was particularly large for OCD.
Conclusions Dysfunctional meta-cognitive beliefs are evident across several psychiatric disorders, with specific types of beliefs being more marked in certain diagnoses.
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Psychopharmacology and pharmacoeconomics

EW438

Hematological safety of olanzapine

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Introduction Olanzapine is an atypical antipsychotic medication, previously expected to be safe in terms of hematological side effects and an alternative choice to clozapine in patients who develop hematotoxicities. However, since olanzapine was introduced to the market, a lot of cases reports have been published revealing it could cause hematoxicity. Some of them indicate that olanzapine induces agranulocytosis. Because of that, it raises the concerns about hematological safety of olanzapine.
Objective To date, no review discusses this topic specifically, so we conducted a systemic review to explore and address this issue.
Methods We searched Pubmed, Google Scholar, Ovid and Medline databases for articles between 1998 and 2015 that include keywords olanzapine, leukopenia, neutropenia, and agranulocytosis.
Results A total of 38 publications were identified. The case reports included patients aged 16 to 83 years. Doses ranged from 2.5 to 30 mg. After starting treatment, onset of hematotoxicity varied from the first day to 2–3 years, but most commonly within the first month. Also, olanzapine could induce leukopenia in patients who have never developed drug-related leukopenia.
Conclusion Among antipsychotic medications, olanzapine is the third leading cause of neutropenia and the second leading cause of atypical antipsychotic medication. Because of the small body of literature regarding the hematotoxic side effects of olanzapine, we encourage further research to understand the mechanism by which olanzapine causes granulocytopenia. The identification of risk factors could facilitate the development of new surveillance guidelines in patients taking olanzapine. We recommend that the guidelines of using and monitoring olanzapine need to be reconsidered.
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EW439

Utilization of psychotropic drugs in Europe: Why is Portugal such a particular case?

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Introduction Psychotropic drugs are among the most utilized medications in Europe.
Objectives To perform an international comparison of the utilization trends of antidepressants, anxiolytics, hypnotics and sedatives (AHS).
Methods We used data from the Organization for Economic Cooperation and Development (OECD). We used the World Health Organization's Defined Daily Dosage (DDD) per 1000 inhabitants per day (DHD) methodology. We performed a general comparison between 14 European countries and a more detailed comparative analysis between Portugal, Italy, Spain and Germany. These