Background
The use of citalopram and escitalopram has been associated with QT interval prolongation. Therefore, the AEMPS published an alert in October 2011 recommending that the highest dose used in patients with liver dysfunction patients and patients $>65$ years should be 20 mg/day and 10 mg/day, respectively.

Purpose
To evaluate if this recommendation was accomplished in our public health centers and the effect of pharmaceutical intervention.

Material and methods
In January 2015 was searched by MicroStrategy® software in the area of the health centers to analyze patients over 65 with over 20 mg of citalopram or escitalopram 10 mg dose.

A letter to primary care physicians was sent informing patients exceeding the recommended dose for to re-evaluate the treatment.

In January 2016 patients were reviewed to assess whether there has been a change in dosage and check if the recommendations of the pharmacist were accepted. Acceptance of pharmacist recommendation was considered when the dose exceeding the maximum recommended was decreased.

The reasons for discontinuation of treatment were by suspension or death.

Results
The public health centers provide services to 255,000 inhabitants. Patients receiving higher than recommended doses: 292 (180 citalopram, escitalopram 112); patients treated with citalopram: 2 patients 60mg, 45mg 14 patients, 3 patients 40mg, 30mg 161 patients; and with escitalopram: 2 patients 30mg, 20mg 53 patients, 57 patients 15mg.

In January 2015: patients were treated with doses that exceeded the recommended: 292 (180 citalopram, escitalopram 112); patients treated with citalopram: 2 patients with 60mg, 45mg with 14 patients, 3 patients 40mg, 30mg 161 patients; escitalopram: 2 patients 30mg, 20mg patients, 57 patients 15mg.

After recommendation: 109/292 (37%) had the recommended dose. Patients receiving higher than recommended doses: 132/292 (42%) of which 75/180 (42%) of citalopram and 57/112 (51%) of escitalopram. 3/292 (1%) have increased the dose, 13/292 (4%) decreased doses but still above the maximum recommended, 35/292 (12%) suspension of treatment and 16/292 (6%) were exitus.

Conclusions
Work in multidisciplinary teams promotes the proper use of medicines, thus increasing patient safety. Therefore it would appropriate enhance the joint efforts between pharmacist and physicians.