Clinical probations of lisinopril (diroton) and teveten (prosatran) were carried out in 40 vehicle drivers (VD), 35-59 years of age, having arterial hypertensions (AH) of the I and II phases, with an aim to evaluate their efficiency and safety, i.e. eventual impact on the quality of the operation performance and response. The total of the subjects made two groups. The first group was made up by 22 VD with AH I (14 subjects), and AH II (8 subjects), who took lisinopril (L) 10 mg a day. The second group included 18 VD with AH I (10), and AH II (8), who took teveten (T) 600 mg a day for 6 weeks. Besides clinical examination before and after mono-therapy, blood pressure (BP) and ECG monitoring was used together with psychophysiological tests (PPT).

A positive trend of the general state of health and BP indices in the I group with AH I was recorded within 3-5 days, and became most efficient in two weeks of L use. In 3 VD having AH II, clinical haemodynamic improvement came on the 5-7th day, and the rest (5 patients) had to increase their L doses up to 20 mg per day. Generally, while BP had a smooth decreasing trend and the state of health improved in 6 weeks, a 18% systolic BP (SBP) and a 11,9% diastolic BP (DBP), reduction of hypertensive reactions, smoothing of ischemia signs and those of cardiac arrhythmia were recorded. These data allowed to confirm L efficacy in 77,3% of cases. Side effects (SE) were found out in 4 VD with AH II, such as sluggishness and drowsiness. Dynamically carried out PPT brought about improvement of all professionally relevant functions and qualities (PRFQ) in VD with AH I. Operation response system did not change in 4 VD with AH II, and deteriorated in other 4, especially what concerned concentration efforts.

In the II group, reduction of clinical symptoms and BP decrease were recorded in all subjects in two weeks of T treatment. By the end of the 6th week an improvement trend was registered in daily average BP indices and cardiohaemodynamics, and also a reliable night-time and day-time hypertonic peak frequency decrease. SBP and DBP parameters were correspondingly brought down having a 23,5 and 14,8% decrease. No SE were recorded. PRFQ, values of personal and situational anxiety caused by T mono-therapy in the absolute majority (16) of patients, became improved, and only in 2 VD with AH II, these parameters remained unchanged.

Thus, while the studied medicines might have a quite commensurable efficiency in VD with AH, T should nevertheless be considered safer accounting for the impact on PRFQ and, consequently, on drivers' work capacity. Therefore, use of T might be more preferable for long-term AH corrections in operation jobs, primarily, at-wheel drivers. Such an approach to second AH prophylaxis in VD may considerably contribute to safe driving performance.