TOWER BRIDGE HOSPITAL
LONDON

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open Mon–Sat, 9am–7pm (closed Sundays until September)
towerbridgehospital.co.uk

PATIENT INFORMATION · CARDIOLOGY AND GENERAL PRACTICE

High blood pressure

what the numbers mean, and what to do about them

High blood pressure causes no symptoms in almost everyone, which is precisely why it matters — it damages arteries, heart, kidneys, eyes and brain silently over years. The good news is that it is measurable, modifiable, and among the most effective things in medicine to treat.

Call 999 or seek emergency care if a very high reading comes with

- a **severe headache** unlike any you have had before
- **chest pain**, or severe breathlessness
- **blurred vision or loss of vision**
- **weakness, numbness or difficulty speaking**
- **confusion, drowsiness or a seizure**
- **nosebleeds that will not stop** alongside a very high reading

A reading of 180/120 or above with any of these symptoms needs emergency assessment. A high reading with no symptoms is not an emergency — sit quietly for five minutes, repeat it, and if it remains that high arrange assessment within a day or two rather than panicking or going to A&E.

Understanding the numbers

Under 135/85
the usual home target for most adults

140/90
clinic threshold for diagnosis

Under 130/80
target for some, including diabetes or kidney disease

The top number is the pressure as the heart pumps; the bottom number the pressure between beats. Both matter. A single high reading means very little — blood pressure varies through the day, rises with stress, and is often higher in a clinic than at home. Diagnosis is made on repeated readings, usually with home or 24-hour monitoring.

Measuring it properly at home

Most home readings are taken wrongly, which produces numbers that lead to the wrong decisions.

1. **Use a validated upper-arm monitor** with the correct cuff size. Wrist and finger devices are unreliable.
2. **Sit quietly for five minutes first**, feet flat on the floor, back supported, in a warm room. No caffeine, exercise or smoking in the previous 30 minutes.
3. **Rest your arm on a table at heart height**, cuff on bare skin, and do not talk or watch anything during the reading.
4. **Take two readings a minute apart**, morning and evening, and record all of them — not just the best one.
5. **Do this for seven days**, then discard the first day and average the rest. That average is the number that counts.

What actually lowers it

Most effective

- Reducing salt to under 6g a day — mostly hidden in bread, sauces and processed food, not the salt cellar
- Losing weight if you are carrying extra; even a few kilograms shows up
- Regular aerobic exercise — 150 minutes a week, in whatever form you will keep doing
- Cutting alcohol; this alone can drop readings substantially

Also worth doing

- More fruit, vegetables and potassium-rich foods, unless you have kidney disease
- Stopping smoking — it does not lower the reading but transforms the overall risk
- Improving sleep, and getting snoring assessed
- Reducing caffeine if you drink a great deal

Medication is not a failure

Lifestyle changes work, but for many people they are not enough on their own, and that is not a personal shortcoming — blood pressure has a strong genetic component. Treatment is not lifelong by definition, but it usually is in practice, and it is among the best-evidenced interventions in medicine. Several tablets at low doses generally work better and cause fewer side effects than one at a high dose.

Taking the tablets

- Take them at the same time each day; set an alarm if you need to.

- Do not stop because you feel fine — you felt fine before, which is the whole problem.
- Do not stop because of a side effect; tell us instead. There are several classes and switching is usually straightforward.
- A dry cough is a well-known effect of one common class and is easily solved by changing.
- Ask before taking anti-inflammatories, decongestants or herbal remedies, several of which raise blood pressure.
- Expect blood tests to check kidney function and salts after starting or changing treatment.

What else should be checked

High blood pressure rarely travels alone. A proper assessment includes cholesterol, blood glucose or HbA1c, kidney function, an ECG, urine testing for protein, and an estimate of your overall cardiovascular risk. In younger people, or where blood pressure is unusually high or hard to control, further tests look for a specific underlying cause.

> **Book an appointment if** you have been told your blood pressure is high, you want 24-hour monitoring, your readings are not at target, or you want a full cardiovascular risk assessment. We offer ECG, bloods and cardiology review on site seven days a week, with ambulatory monitoring arranged through our CQC-registered partners.

Full cardiovascular risk assessment

Same-day appointments most days, seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open Mon–Sat, 9am–7pm (closed Sundays until September)

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Cardiology** · **Health screening** · **Blood tests** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-063

This leaflet is based on current NHS and NICE guidance on hypertension in adults. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.