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Home blood pressure: how to measure it correctly

Why technique matters, when and how often to measure, and what your home readings mean.

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Useful numbers start with the right technique

A home monitor can show what your blood pressure does outside the clinic, but only reliable readings are useful. Poor preparation, the wrong cuff or an unsupported arm can distort the result and lead to unnecessary worry or false reassurance. The good news is that a consistent technique is easy to learn.

Preparation: 30 minutes before measuring

- Avoid coffee and other caffeinated drinks for at least 30 minutes.
- Do not smoke or exercise during the same 30 minutes.
- Empty your bladder.
- Sit quietly for at least 5 minutes before switching on the monitor.
- After an argument, rushing or strong emotion, wait until you have settled.

These steps follow standard home-measurement guidance.[1]

The correct position, step by step

- Sit in a chair with your back supported. Keep both feet flat on the floor and do not cross your legs.
- Rest the cuffed arm on a table so that the middle of the cuff is at heart level. Use a cushion if needed.
- Place the cuff on bare skin, just above the bend of the elbow, following the monitor’s diagram and tube direction.
- Use the cuff size recommended for your arm circumference. Fasten it according to the manufacturer’s instructions.
- Stay silent and still. Do not move your arm, talk or look at your phone during the measurement.

The schedule: when and how often

The 2024 European Society of Cardiology guideline recommends two measurements 1 to 2 minutes apart, taken morning and evening at consistent times for at least 3 days and up to 7 days. Morning readings should be before breakfast and medicines, but not immediately after waking. Average the readings from the monitoring period. If the average after 3 days is close to the decision threshold, continue for the full 7 days.[2]

Record every reading with its date and time in a notebook or the monitor's memory and bring the record to your appointment. At the first assessment, measure both arms. If there is a consistent difference, ask your healthcare professional which arm to use for follow-up. Consistent times make the diary easier to interpret.

Seven mistakes that change the result

1 Talking during the measurement
Talking and using your phone can raise the measured value.
What to do: from switching on the monitor until the final reading, stay silent and still. Conversation can wait.

2 Putting the cuff over clothing
Fabric under the cuff can alter the reading. Rolling a tight sleeve upwards can constrict the arm.
What to do: place the cuff on bare skin. Remove a tight sleeve instead of rolling it up.[1]

3 Using the wrong cuff size
A cuff that is too small can produce falsely high values, while one that is too large can underestimate them.
What to do: measure your arm circumference and match it to the manufacturer's validated cuff range. Ask the pharmacy for help before buying.

4 Making a judgement from one reading
Blood pressure changes throughout the day. Stress, pain, poor sleep and recent coffee can all move a single result temporarily.
What to do: use pairs of morning and evening readings over several days and discuss the average. One high number is not a diagnosis.[2]

5 Measuring immediately after coffee, smoking or exercise
Caffeine, nicotine and physical activity can temporarily raise blood pressure.
What to do: allow at least 30 minutes without these, followed by at least 5 minutes of quiet rest.[1]

6 Crossing your legs or leaving the arm unsupported
Body position affects the result. An arm hanging down or held above heart level can also distort it.
What to do: support your back, place both feet on the floor and rest your arm on a table with the cuff at heart level.

7 Measuring only when you feel something
High blood pressure often causes no noticeable symptoms. Headache and facial flushing are not reliable indicators.
What to do: follow a schedule rather than symptoms. If you feel acutely unwell, seek medical assessment instead of repeatedly measuring at home.

What home numbers mean

The home threshold is lower than the traditional clinic threshold. An average home value of **135/85 mmHg or higher** corresponds to the conventional clinic threshold of 140/90 mmHg and can indicate hypertension. Diagnosis and treatment decisions belong with your healthcare professional, who will interpret the whole diary and your overall risk.[2]

If your home average is at or above 135/85 mmHg, arrange a medical appointment with the diary. Home monitoring can also reveal white-coat hypertension, high in the clinic but normal outside it, and masked hypertension, normal in the clinic but high in everyday life.

The monitor matters too

Choose an automated upper-arm monitor with independent clinical validation for the intended user. Check the exact brand and model in a current validation list such as STRIDE BP. A similar product name is not enough. Use a wrist device only when a healthcare professional recommends it and position the wrist at heart level.[3]

Bring the monitor to a pharmacy or clinic periodically to check your technique and compare it with a reference device. Follow the manufacturer’s instructions for maintenance, calibration or replacement.

The golden rules in one place

- Allow 30 minutes without caffeine, smoking or exercise, then at least 5 minutes of rest.
- Support your back, keep both feet flat and uncrossed, and rest the cuffed arm at heart level.
- Place the correct-size cuff on bare skin and remain silent and still.
- Take two readings 1 to 2 minutes apart, morning and evening, for 3 to 7 days.
- Record everything and discuss the average. A single high reading is not a diagnosis.
- Use 135/85 mmHg as the conventional home threshold to discuss with your doctor, not 140/90 mmHg.
- Never change prescribed doses yourself because of home readings.

> ### When it is urgent
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> If a reading is 180/120 mmHg or higher, sit quietly for a few minutes and repeat it. If it remains that high, seek urgent medical advice immediately. If it is accompanied by chest pain, shortness of breath, weakness, numbness, vision or speech problems, call 112 immediately. Do not wait for another home reading.

Need help choosing a monitor or reading your diary?

On mom-pharma.com you will find the free “Ask Didi” chat, where I answer personally. Tell me your readings, monitor model and medicines, and I will help you understand the record. Registration is quick and free.

Sources

[1] American Heart Association. (2025). *Home blood pressure monitoring*.

[2] McEvoy, J. W., et al. (2024). *2024 ESC Guidelines for the management of elevated blood pressure and hypertension*. European Heart Journal, 45(38), 3912–4018.

[3] STRIDE BP. *Validated blood pressure monitors*.

This guide is for information only and does not replace medical advice for your specific situation. Do not stop or change prescribed medicines on your own. Emergency services and local clinical instructions take priority over this general guide.

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