MEN'S HEALTH FACTSHEET

Heart Health and Blood Pressure

Understanding cardiovascular risk, useful checks and realistic ways to protect your health

The short version

High blood pressure and high cholesterol usually cause no symptoms, but both can increase the risk of heart attack, stroke and other health problems. A single reading does not tell the whole story. Regular checks, accurate measurement and assessment of your overall cardiovascular risk help determine whether lifestyle support, medication or both may be appropriate.

What is cardiovascular health?

The cardiovascular system includes the heart and blood vessels. Cardiovascular disease includes conditions such as coronary heart disease, heart attack, stroke, peripheral arterial disease and some forms of heart failure. Risk develops through a combination of age, genes, existing health conditions, environment, social circumstances and everyday behaviours.

Understanding blood pressure

Systolic pressure	The first or upper number: the pressure when the heart pumps blood around the body.
Diastolic pressure	The second or lower number: the pressure when the heart relaxes between beats.
Clinic reading	Blood pressure is usually considered high at 140/90 mmHg or above when measured by a healthcare professional.
Home reading	The corresponding home or ambulatory threshold is usually 135/85 mmHg or above. Diagnosis normally uses a series of readings rather than one isolated result.

Why checking matters

High blood pressure often has no symptoms. Over time it can place extra strain on blood vessels, the heart, brain, kidneys and eyes. Low blood pressure can also matter when it causes dizziness, fainting, falls or other symptoms.

Factors that influence cardiovascular risk

- age, sex, ethnicity and family history
- diabetes and kidney disease
- sleep, stress and social circumstances
- blood pressure and cholesterol
- smoking and exposure to tobacco smoke
- food, alcohol, activity and metabolic health

Getting an accurate blood pressure reading

- Use a clinically validated upper-arm monitor with a cuff that fits correctly.
- Sit quietly in a supportive chair, with feet flat and the arm supported at heart level.
- Place the cuff on bare skin, relax, breathe normally and do not talk during the reading.
- Take a second reading a few minutes later and record both if advised.
- Follow the schedule given by your healthcare professional, often morning and evening for several days when confirming a diagnosis.

A clinician may recommend 24-hour ambulatory monitoring or structured home monitoring when a clinic reading is 140/90 mmHg or above. Irregular heart rhythms, pain, illness, anxiety, exercise, caffeine and incorrect cuff size can affect measurements.

When a reading is very high

Severe hypertension needs prompt assessment

NICE defines severe clinic hypertension as 180/120 mmHg or higher. If this occurs with chest pain, new confusion, signs of heart failure, acute kidney injury or changes suggesting damage to the eyes, same-day specialist assessment is required. If you obtain a very high reading, follow NHS advice and seek urgent clinical guidance rather than repeatedly checking without help.

Understanding cholesterol

Cholesterol	A fatty substance needed by the body. Too much cholesterol in the blood can contribute to fatty deposits in artery walls and increase cardiovascular risk.
LDL and non-HDL	These measurements include cholesterol carried in particles associated with plaque formation. Targets and treatment decisions depend on overall risk and medical history, not one number alone.
HDL	Often called 'good cholesterol', but it should still be interpreted as part of the full lipid profile and wider health picture.
Triglycerides	Another type of fat in the blood. Levels may be affected by food, alcohol, diabetes, weight, medicines and inherited factors.

Your overall cardiovascular risk

In primary prevention, clinicians may use a tool such as QRISK3 to estimate the chance of a heart attack or stroke over the next 10 years. The estimate combines factors such as age, sex, ethnicity, smoking, blood pressure, cholesterol and certain health conditions. It supports shared decisions but does not predict exactly what will happen to an individual.

Checks that may be useful

NHS Health Check	Eligible adults in England aged 40 to 74 without certain pre-existing cardiovascular conditions should generally be invited every 5 years. The check includes blood pressure, cholesterol and assessment of diabetes and cardiovascular risk.
Pharmacy blood pressure check	Many community pharmacies in England offer free checks to eligible people aged 40 or over. Results may lead to home monitoring or GP follow-up.
GP or long-term condition review	People with hypertension, diabetes, kidney disease, heart disease or prescribed cardiovascular medicines should receive monitoring suited to their condition and treatment.
Family history review	Tell a clinician about close relatives with early heart disease, stroke or very high cholesterol. Familial hypercholesterolaemia can cause high cholesterol from a young age and needs appropriate assessment.

Protecting heart health realistically

Smoking	Stopping smoking is one of the most valuable ways to reduce cardiovascular risk. Evidence-based stop-smoking services and medicines can improve the chance of success.
Food	A varied eating pattern with vegetables, fruit, wholegrains, pulses, nuts, fish and appropriate unsaturated fats can support heart health. Reducing excess salt and saturated fat may help, but advice should reflect culture, finances, allergies and health needs.
Movement	Regular aerobic activity and muscle-strengthening can help. Movement should be adapted to disability, pain, fitness and medical advice; small increases from an individual's current level can still matter.
Alcohol	Drinking less can benefit blood pressure, sleep and general health. Alcohol should not be started for supposed heart protection.
Sleep and stress	Persistent sleep problems, possible sleep apnoea and long-term stress deserve proper support. Stress is not a personal failure, and relaxation advice cannot replace changes to unsafe or overwhelming circumstances.

Medication matters

Many people need blood-pressure or cholesterol-lowering medicine as well as lifestyle support. Take medicines as prescribed, attend monitoring and discuss side effects rather than stopping treatment suddenly. Targets and medicine choices depend on age, cardiovascular risk, kidney function, other conditions and personal preferences.

Recognising an emergency

Possible heart attack	Call 999 for chest pain or discomfort that does not go away, especially pressure, squeezing, heaviness or burning; pain spreading to an arm, neck, jaw, back or stomach; or chest symptoms with sweating, sickness, light-headedness or breathlessness. Symptoms can sometimes resemble indigestion.
Possible stroke - FAST	Face weakness, Arm weakness or Speech problems mean it is Time to call 999. Call even if only one sign is present or the symptoms improve, because a transient ischaemic attack also needs urgent assessment.
Severe breathing difficulty or collapse	Call 999 if someone is gasping, choking, unable to speak because of breathlessness, collapses or is not responding normally. Follow the call handler's instructions and do not drive yourself to A&E; during a suspected heart attack or stroke.

Changes to discuss with a healthcare professional

- chest pain that comes and goes
- palpitations, an irregular pulse or fainting
- recurrent dizziness, falls or postural symptoms
- new or worsening breathlessness
- ankle swelling or reduced exercise tolerance
- persistent erectile difficulties, which can share vascular risk factors

How Health Matters UK can support you

Health Matters UK can help you understand general prevention information, organise questions, record wellbeing patterns and identify realistic actions that fit your health and circumstances. We do not diagnose cardiovascular disease, interpret test results, set blood-pressure targets, recommend medicines or replace a GP, pharmacist, cardiologist or other regulated healthcare professional.

A useful next step

If you do not know your blood pressure, arrange a check through a GP practice or eligible pharmacy service. If you monitor at home, use a validated device, keep a written record and share repeated unusual readings with your healthcare professional.

Men's heart health matters to us

Heart health is influenced by far more than determination. Every man deserves clear information, appropriate checks and practical support that respects his health, finances, work, culture, ability and responsibilities.

Important information

This factsheet is for general education and does not replace personalised medical advice, diagnosis or treatment. Do not start, stop or change prescribed medication without speaking to an appropriately qualified healthcare professional. For urgent medical help, use NHS 111; call 999 in an emergency.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards. Information was checked against current NHS, NICE and British Heart Foundation resources. External guidance remains the responsibility of the issuing organisation.

• NHS. High blood pressure. nhs.uk/conditions/high-blood-pressure/

• NHS. Blood pressure test, reviewed November 2025. nhs.uk/tests-and-treatments/blood-pressure-test/

• NICE. Hypertension in adults: diagnosis and management (NG136), updated February 2026. nice.org.uk/guidance/ng136

• NHS. High cholesterol. nhs.uk/conditions/high-cholesterol/

• NICE. Cardiovascular disease: risk assessment and reduction, including lipid modification (NG238). nice.org.uk/guidance/ng238

• NHS. NHS Health Check. nhs.uk/tests-and-treatments/nhs-health-check/

• NHS. Heart attack. nhs.uk/conditions/heart-attack/

• NHS. Symptoms of a stroke. nhs.uk/conditions/stroke/symptoms/

• British Heart Foundation. Measuring blood pressure at home. bhf.org.uk/informationsupport/heart-matters-magazine/medical/tests/blood-pressure-measuring-at-home

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