

What Your Blood Pressure Numbers Actually Mean

Public education content designed to be understood across a room, with the sound off

ONE READING IS NOT A DIAGNOSIS

Blood pressure changes throughout the day. A diagnosis is based on multiple readings taken correctly on different days, interpreted by a clinician.

AUDIENCE Adults in waiting areas	READING LEVEL TARGET 6th–8th grade	ESSENTIAL POINTS READABLE WITH SOUND OFF Yes	CONTAINS PATIENT DATA No — public content only
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THE TWO NUMBERS

NUMBER	NAME	WHAT IT MEASURES	EVERYDAY WAY TO THINK ABOUT IT
The top number	Systolic	The pressure in your arteries while your heart is pushing blood out	The pressure during the push
The bottom number	Diastolic	The pressure in your arteries while your heart is relaxing and refilling	The pressure during the rest

Blood pressure is written as systolic over diastolic, in millimeters of mercury — for example, 118/76 mm Hg.

THE CATEGORIES CLINICIANS COMMONLY USE

CATEGORY	TOP NUMBER (SYSTOLIC)		BOTTOM NUMBER (DIASTOLIC)	WHAT IT GENERALLY MEANS
Normal	Less than 120	and	Less than 80	Keep doing what you are doing. Recheck at your regular visits.
Elevated	120 – 129	and	Less than 80	Not yet high blood pressure, but a signal. Lifestyle changes matter most here.
High, stage 1	130 – 139	or	80 – 89	Your clinician will consider your overall risk when deciding what to do.
High, stage 2	140 or higher	or	90 or higher	Usually treated with lifestyle changes and medication.
Crisis	Higher than 180	and/or	Higher than 120	Recheck in 5 minutes. If it stays this high, contact a clinician immediately. With chest pain, breathlessness, weakness, or trouble speaking — call 911.

Categories reflect widely published adult classifications. Your clinician may use different targets for you based on your age, pregnancy, kidney function, or other conditions.

WHY THE READING IN THE WAITING ROOM CAN BE MISLEADING

- You walked in, took stairs, or rushed to get here.
- You are sitting with your legs crossed or your arm unsupported.
- The cuff is over a sleeve, or is the wrong size for your arm.
- You are talking during the measurement.
- You have a full bladder.
- You had coffee or nicotine within the last 30 minutes.
- Being in a medical setting raises some people's blood pressure. This is common and has a name: white coat effect.

WHAT ACTUALLY LOWERS BLOOD PRESSURE

- Reducing sodium — most of it comes from packaged and restaurant food, not the salt shaker
- Regular physical activity, even walking
- Losing a modest amount of weight if you carry extra
- Limiting alcohol
- Stopping tobacco and nicotine
- Sleeping enough, and treating sleep apnea if you have it
- Taking prescribed medicine consistently — most people who stop do so because they feel fine, which is exactly when it is working

Important: This screen provides general public health education. It does not diagnose anyone, does not recommend any treatment or medicine, and is not a substitute for care from your clinician. If you are concerned about your blood pressure, tell the staff at the front desk.

FICTIONAL SPECIMEN. Cedar Point Community Health is invented for demonstration only. The category values reflect widely published adult blood-pressure classifications and are included for illustration; they are not medical advice, and individual targets are set by a clinician.