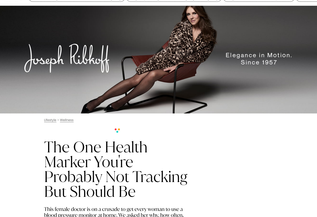

The One Health Marker You're Probably Not Tracking But Should Be

This female doctor is on a crusade to get every woman to use a blood pressure monitor at home. She asked her wife, how often, and what to do with the info.

By Lisa Arbetter · Published Sep 13, 2026 11:01 AM EDT

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We count our steps, track our sleep, and keep a wary eye on the scale. But our blood pressure (BP)? For many of us, it only gets checked at the doctor's office.

That leaves a pretty big blind spot in our personal health, given how common high blood pressure is. According to data from the Centers for Disease Control and Prevention, 48 percent of women ages 40 to 59 have hypertension, which is defined as a repeated reading of 130/80 mm Hg or higher (with either number higher), per the American Heart Association. Among women 60 and older, that percentage climbs to more than 70 percent. Also concerning: More than a third of women who have it don't know they do. "High blood pressure is a major risk factor for heart disease and stroke. It's been dubbed the 'silent killer' because most people don't have symptoms," says Carrie Bebar, MD, a clinical professor of medicine at NYU Langone Health and medical director of its Joan H. Tisch Center for Women's Health.

Dr. Bebar suggests a simple solution for patients: Keep a monitor at home and check your own BP regularly. "I'm surprised by how reluctant some people are," she says. "They say, 'I don't want to do it. It's going to make me anxious. What if it's high?' But that's the point. I need to know if it's high. It's ironic to me, because we're a prevention-focused society, and people want to live longer. They're always asking, 'What can I do to reduce my risk?' They take all sorts of unproven supplements, but don't check their blood pressure."

To help her get the message out, we asked Dr. Bebar exactly why she thinks every household needs a blood pressure monitor, what kind to buy, how often to use it, and what to do with the information it gives you.

Why do you feel so strongly that people should monitor their own blood pressure?

Think about it: We currently check our blood pressure, at best, once a year when we go to the doctor. Meanwhile, we constantly weigh ourselves, right? Everyone has a scale. And basically, once you know what you weigh, you can look at your body and figure out approximately what your weight-related risk is. But you can't look at your body and figure out what your blood pressure is.

Why is checking it more frequently than once a year so important?

One reading (a year) is not enough because it doesn't give you a picture of what's going on. It often arises when they come to the doctor, so their blood pressure is high in the office—we call this "white-coat hypertension." But if a patient comes to me with 50 normal readings [defined as less than 135/90 mm Hg] from home and it's high only when they come to see me, I believe the 50 normal readings

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The second thing is that when you start checking at home, you'll see where your blood pressure normally runs. In most people, it doesn't fluctuate wildly. Once you have a record over time, you really see what your normal range is. And third, if you start seeing that your blood pressure is running high repeatedly, you don't have to wait a year until your next doctor's visit. You can often be the first one to find you have high blood pressure if you're checking it regularly.

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FSA: If you get a reading higher than 180/120 mm Hg, wait five minutes and test again. If the second reading is still over 180/120 mm Hg and you have no other symptoms, contact your doctor right away. Call 911 immediately if your reading is higher than 180/120 mm Hg and you also have symptoms such as chest pain, shortness of breath, back pain, numbness, weakness, vision changes, severe headache, or difficulty speaking.

Are there women who are at particularly high risk?

High blood pressure affects everyone—it's an across-the-board problem—but it affects non-Hispanic Black adults more than other groups. Women who have had preeclampsia in a pregnancy and people who are overweight are also more at risk. And as women get older, high blood pressure becomes extremely common.

If you don't have high blood pressure, how often should you be checking it?

Once a week or once every two weeks is more than enough. Once you start checking it, you'll get a sense of where you run. If it's normal all the time, once a week is much more than adequate. If you see that you're more symptomatic or that your numbers are creeping up, check more frequently. I have a machine in my den where I sit and work all the time. It's on my coffee table. It's not attractive, but it sits there. I probably check my pressure three times a week.

What if you already have high blood pressure?

Then it depends on the situation. If you have high blood pressure and I'm adjusting your medication, you'll want to check it a little more frequently to know whether it's working. If your blood pressure is well controlled, even once a week may be enough. And then if you see that it's high, you check it more frequently.

Another thing I'm seeing now is women who take GLP-1s coming in complaining of dizziness, dizziness, or lightheadedness. When you lose a lot of weight, you may not need as much blood pressure medicine. So if you're on high blood pressure medication and you're losing weight, that's another time I'd check your blood pressure a little more regularly.

Is there a best time of day to check it?

People ask me that all the time, and I say your blood pressure should be well controlled all day, so there's no right time. One day you can check it in the morning. The next day you can check it after you get home from work. The next day you can check it in the evening. I like people checking it at different times because your blood pressure should be controlled at all times.

A lot of people take their blood pressure two times in a row and find that the second reading is lower. Why does that happen?

Because they're anxious. Then they sit calmly for 5 or 10 minutes, take it again, and it's a little bit lower. Once you start doing it routinely and you're not anxious about it, once may be enough.

There's also a correct way to sit when you take your blood pressure, right?

You're supposed to sit up straight with both feet flat on the ground. Sit in a chair with a back. Your arm should be about the level of your heart—you can rest it on a table—and then check your pressure.

There are hundreds of blood pressure monitors online. How do you choose?

You need the simplest one. I usually tell my patients to get something like a basic Omron digital monitor. I have nothing invested in that brand —you can just use it as a model. It's digital, it's very straightforward. You don't need anything with bells and whistles. What's easy for me is to have patients keep a record on one piece of paper. At the end of the month, take a photo of the paper and upload it to your chart so I can look at it. It's very simple. (Before you buy, check whether a device has been independently validated for clinical accuracy at validatebp.org.)

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Is an upper-arm cuff important? What about wrist or finger monitors?

You should use a regular blood pressure monitor with a cuff that goes around the upper arm. I would not use a finger device or a wrist device. The farther you get away from the heart, the lower the accuracy. There are different-sized cuffs that you can order separately from the machine. Cuff size, which you get from measuring your upper arm, makes a huge difference in accuracy.

And finally, how do you know whether your monitor is actually accurate?

I tell patients to bring their monitor in so I can check it against what I get in the office. I take their blood pressure the old-fashioned way, with a stethoscope, and then we check it with the monitor and see how close they are to each other. In my experience, most of the time they're close enough.

Editor's note: This interview was lightly edited and condensed for clarity.

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