



LETTER TO THE EDITOR

Ikigai and cardiovascular health in older adults: A missed opportunity for prevention?



Ikigai e saúde cardiovascular em idosos: uma oportunidade de prevenção perdida?

The recently published *Strategic Plan for Cardiovascular Health in Portugal* outlines a comprehensive national framework for addressing cardiovascular disease, emphasizing prevention, health education, and psychosocial determinants.¹ While ambitious and timely, the plan overlooks an emerging psychosocial factor with growing relevance to cardiovascular outcomes in older adults: *ikigai* – a Japanese concept that roughly translates to “what makes life worth living”.²

As prevention strategies continue to expand beyond traditional risk factors, *ikigai* deserves greater clinical consideration. Emerging studies suggest that a strong sense of purpose may reduce cardiovascular risk and contribute to broader physical, cognitive, and emotional well-being – yet it continues to receive little attention in cardiovascular prevention strategies in Western healthcare systems.³

Ikigai is a multidimensional construct encompassing life purpose, personal fulfillment, and meaning. In older adults, it tends to be rooted in social relationships, community engagement, and self-transcendence, rather than productivity or professional identity. A strong sense of *ikigai* has been linked to greater resilience, mental well-being, and adherence to preventive health behaviors. Conversely, its absence – often triggered by retirement, bereavement, or declining health – may signal vulnerability to adverse outcomes.^{4,5}

Compelling evidence from prospective studies supports the cardiovascular benefits of having a strong sense of purpose, conceptually aligned with *ikigai*. A 2016 meta-analysis of ten high-quality cohort studies found that individuals with a higher sense of purpose had a significantly reduced risk of all-cause mortality. Among five of these studies that focused specifically on cardiovascular outcomes (pooled $n=124\,948$; mean age 57–72 years; mean follow-up 7.3 years), a higher sense of purpose was associated with a 17% lower risk of cardiovascular events (relative risk: 0.83; 95% confidence interval (CI): 0.75–0.92), even after adjusting for demographic, behavioral, and psychological confounders. More recent studies have reinforced this association: one

showed that higher purpose in life correlated with fewer macroscopic infarcts at autopsy (odds ratio 0.54), while another demonstrated that individuals with low purpose had a markedly increased risk of cardiovascular mortality (hazard ratio 2.66; 95% CI: 1.62–4.38). Collectively, this body of evidence highlights purpose in life as a robust and independent protective factor for cardiovascular health in older adults.⁶

Mechanisms proposed to explain this association include reduced stress-induced activation of the hypothalamic–pituitary–adrenal axis, healthier behaviors (e.g., physical activity, sleep, treatment adherence), and favorable biological profiles such as lower systemic inflammation and improved metabolic regulation.⁶

Interventions such as structured workshops, volunteering, and rehabilitation programs that promote autonomy and social roles have shown promise in enhancing purpose and motivation among older individuals.⁴

Despite these insights, *ikigai* is rarely assessed in clinical practice. In geriatric care, where personal goals and quality of life are central, evaluating *ikigai* could support more holistic, patient-centered approaches. Tools like the 9-item *Ikigai-9* scale are easy to implement and could help identify those at risk of disengagement or suboptimal health behaviors.²

Further research – especially longitudinal and interventional studies outside Japan – is needed to validate these findings and explore practical applications. Nonetheless, current evidence supports the integration of *ikigai* into geriatric assessment frameworks, not only to promote individual well-being but also as a potentially valuable component in cardiovascular prevention strategies tailored to older adults.

Ethical approval

None declared.

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Conflicts of interest

Nothing to declare.

References

1. Cabral S, Gavina C, Almeida M, et al. Strategic plan for cardiovascular health in Portugal – Portuguese Society of Cardiology (PESCP-SPC) – part II. *Rev Port Cardiol.* 2025;44:303–19.
2. Miyazaki J, Shirai K, Kimura T, et al. Purpose in life (ikigai) and employment status in relation to cardiovascular mortality: the Japan Collaborative Cohort Study. *BMJ Open.* 2022;12, <http://dx.doi.org/10.1136/bmjopen-2021-059725>.
3. Cohen R, Bavishi C, Rozanski A. Purpose in life and its relationship to all-cause mortality and cardiovascular events: a meta-analysis. *Psychosom Med.* 2016;78:122–33.
4. Kogure E, Ohnuma T, Sugita Y, et al. Factors related to ikigai among home-visit rehabilitation users aged 75 years and older receiving home medical and nursing care in Japan. *Phys Ther Res.* 2024;27:E10289.
5. Okuzono SS, Shiba K, Kim ES, et al. Ikigai and subsequent health and wellbeing among Japanese older adults: longitudinal outcome-wide analysis. *Lancet Reg Health West Pac.* 2022;21:100391.
6. Kim ES, Delaney SW, Kubzansky LD. Sense of purpose in life and cardiovascular disease: underlying mechanisms and future directions. *Curr Cardiol Rep.* 2019;21, <http://dx.doi.org/10.1007/s11886-019-1222-9>.

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