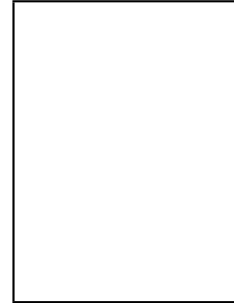


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Ikigai and Cardiovascular Health in Older Adults: A Missed Opportunity for Prevention?

Ikigai e Saúde Cardiovascular em Idosos: Uma Oportunidade de Prevenção Perdida?

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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.

Ethics in publishing

1. Does your research involve experimentation on animals?:

No

2. Does your study include human subjects?:

No

3. Does your study include a clinical trial?:

No

4. Are all data shown in the figures and tables also shown in the text of the Results section and discussed in the Conclusions?:

Yes

Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work the author used GPT-4 strictly for language editing and clarity improvement. After using this tool/service, the author reviewed and edited the content as needed and takes full responsibility for the content of the publication.

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