

LONGEVITY WITH EVIDENCE.

THE PORTUGAL HEALTHSPAN REVIEW

Preventive care. Informed choices.
A more thoughtful way to travel well.



WHAT WORKS

WHAT IS EMERGING

WHERE TO BEGIN

[HUMAN EVIDENCE](#) / [PORTUGUESE PROVIDERS](#) / [BESPOKE STAYS](#)

INSIDE THIS ISSUE

More life in the years ahead.

Longevity is an attractive promise. Healthspan is a more useful brief: preserving the ability to move, think, connect and do the things that matter.

Portugal can provide the setting for a considered start: time for a medical review, practical coaching and a restorative stay. The value lies in the quality of the decisions and the habits that continue at home.

This issue combines clinical research with a publicly researched provider shortlist. It proposes a ZERO travel framework, not a pre-approved treatment package or a promise to reverse ageing.

03-04	Understand the evidence
05-11	Foundations and clinical care
12-16	Testing and the new frontier
17-19	Portuguese provider shortlist
20-23	Stay ideas and continuity
24-26	The source library
27-28	Editorial standards and enquiries

READ THIS FIRST

General information, not individual medical advice. No independent clinical peer review or provider agreement is claimed. A licensed clinician must assess suitability, benefits, risks and follow-up.

THE CENTRAL QUESTION

What are we trying to improve?

A longer lifespan is not the same outcome as a stronger, more independent life.

- O1** **LIFESPAN**
- How long a person lives. Proving an increase requires appropriate long-term human outcomes, not just a change in a blood test.
- O2** **HEALTHSPAN**
- Years with better health and function. For the traveller, practical goals may include walking comfortably, sleeping better or managing a known health risk.
- O3** **WELL-BEING**
- Comfort, enjoyment and restoration. These are worthwhile experiences, but feeling refreshed does not establish slower biological ageing.

A BETTER STARTING QUESTION

What would make your everyday life meaningfully better six months from now? Use that answer to shape the programme, then agree how to assess progress.

THE EVIDENCE KEY

Four lenses. One honest conversation.

Our editorial categories describe the claim being made. They are not formal GRADE ratings or a ranking of clinics.

CATEGORY	WHAT IT MEANS	EXAMPLES / LIMITS
A / FOUNDATIONS	Human evidence and guidelines	Physical activity, dietary patterns and appropriate risk-factor management. Benefits depend on the population and outcome.
B / INDICATION-SPECIFIC	Useful for a defined clinical need	Examples include obesity treatment, insomnia therapy or menopause symptom care. Not a universal anti-ageing prescription.
C / EMERGING	Interesting, but incomplete	Biological-age clocks, rapamycin and selected supplement research. A promising marker is not proof of extra healthy years.
D / NOT ESTABLISHED	No credible general longevity promise	Detox packages, routine rejuvenation infusions or unregulated cell therapies should not be sold as proven lifespan extension.

Ask three things: studied in whom, compared with what, and with which meaningful outcome?

READ THE EVIDENCE [\[02\]](#) [\[09\]](#) [\[13\]](#) [\[17\]](#) [\[20\]](#) [\[22\]](#) [\[25\]](#)

EVIDENCE IN HUMANS

Independence is a measurable outcome.

The LIFE trial tested a structured activity programme, not a supplement or a spa treatment.

TRIAL SNAPSHOT

1,635 sedentary adults aged 70–89, at risk of mobility disability but able to walk 400 metres at entry. Average follow-up: 2.6 years. The activity programme combined walking, resistance and flexibility work.

PARTICIPANTS DEVELOPING MAJOR MOBILITY DISABILITY



246/818 versus 290/817 participants; hazard ratio 0.82 (95% CI 0.69–0.98). The observed difference was 5.4 percentage points. Major mobility disability meant loss of the ability to walk 400 metres.

WHAT THIS DOES – AND DOES NOT – TELL US

Structured movement helped preserve mobility in this at-risk older population. It does not show that a short holiday adds years of life, or that the same effect applies to every traveller.

A / MOVEMENT

Build capacity. Keep your world open.



Illustrative fitness photography / RDNE Stock project. Not a ZERO client or provider.

A USEFUL WEEKLY FRAMEWORK

WHO recommends 150–300 minutes of moderate aerobic activity, or 75–150 minutes of vigorous activity, plus muscle-strengthening work on at least two days.

MAKE IT PERSONAL

Start from current ability. Older adults should also include balance and functional strength on three or more days. Adapt for disability, pain, illness and fall risk.

A proposed stay can include an individually assessed movement session and a realistic home routine. The goal is confidence and progression, not exhaustion or an arbitrary fitness score.

READ THE EVIDENCE

[\[02\]](#) [\[03\]](#)

A / NUTRITION

A Portuguese table. A long-term pattern.

Vegetables, beans, fruit, whole grains, nuts and olive oil can sit naturally within Portuguese meals. Fish and other protein sources can be adapted to preference, allergies and medical needs. The pattern matters more than a single “superfood”.



Illustrative food photograph / Chan Walrus.

PREDIMED / A CLINICAL OUTCOME, NOT A DETOX CLAIM

In 7,447 older Spanish adults at high cardiovascular risk, the 2018 reanalysed trial supported Mediterranean diets supplemented with olive oil or nuts for reducing major cardiovascular events versus advice to reduce fat. Median follow-up was 4.8 years.

Important limits: the original report required correction for randomisation departures; this was a high-risk population, not a universal longevity trial. We cite the corrected analysis.

A PRACTICAL ADDITION TO THE STAY

A dietitian-led conversation followed by a cooking session, with choices you can repeat at home. No prolonged fast, restrictive detox or supplement stack is included by default.

READ THE EVIDENCE

[\[05\]](#) [\[06\]](#) [\[25\]](#)

SLEEP + BRAIN HEALTH

Restore the rhythm. Support the mind.

A quiet room is helpful. Persistent sleep or cognitive symptoms deserve clinical attention.

SLEEP CARE WITH A PURPOSE

For chronic insomnia, multicomponent cognitive behavioural therapy for insomnia (CBT-I) is recommended by the American Academy of Sleep Medicine. Sleep-hygiene tips alone are not the same treatment.

DESIGN THE STAY AROUND REST

Allow calm evenings and consistent routines. Tell the clinician about loud snoring, witnessed breathing pauses, daytime sleepiness, sedating medicines or persistent low mood.

RESEARCH NOTE / US POINTER, 2025

A two-year trial in 2,111 older adults at increased risk of cognitive decline compared structured and self-guided multidomain lifestyle programmes. Both groups improved on cognitive testing; the structured group improved modestly more.

The additional improvement was 0.029 standard deviations per year. Clinical meaning and durability need further study; this is not proof of dementia prevention or lifespan extension.

WHAT ZERO CAN BUILD AROUND

Time for appropriate appointments, unhurried meals, manageable movement and enjoyable social or cultural activities. Clinical therapies and targets remain the treating team's responsibility.

Treat the risk that is actually there.

Much of credible longevity care is good preventive medicine, delivered consistently.

01 Cardiovascular risk

Review blood pressure, lipids, smoking, diabetes risk, family history and existing disease. A clinician can use these together to guide decisions, rather than treating one number in isolation.

02 Medicines with an indication

Blood-pressure treatment and lipid-lowering therapy can be appropriate when individual risk justifies them. Targets, monitoring and side effects require medical decisions; more medication is not automatically better.

03 A proportionate prevention plan

Discuss relevant screening and routine preventive care with the medical team. Symptoms require diagnostic assessment, not an off-the-shelf “wellness check”. Avoid duplicating recent tests without a reason.

THE OUTPUT TO ASK FOR

A short list of priorities, the reason for each test or treatment, who will act on abnormal findings, and a written follow-up plan shared with your usual clinician with your consent.

B / MEDICAL WEIGHT MANAGEMENT

A treatment for risk. Not an anti-ageing shortcut.

SELECT enrolled 17,604 adults aged 45 or over, with BMI at least 27, established cardiovascular disease and no diabetes. Over a mean 39.8 months, semaglutide reduced a composite of cardiovascular death, nonfatal heart attack or nonfatal stroke.

PRIMARY CARDIOVASCULAR EVENT



569/8,803 versus 701/8,801; hazard ratio 0.80 (95% CI 0.72–0.90). Observed difference: 1.5 percentage points. This result is not proof of life extension in healthy, normal-weight people.

THE SAFETY SIDE OF THE SAME TRIAL

Adverse events led to permanent treatment discontinuation in 16.6% with semaglutide versus 8.2% with placebo. The trial was funded by Novo Nordisk.

In the EU, eligibility is defined by the authorised indication and clinical assessment. Prescribing, nutrition, side-effect monitoring and ongoing care belong with the medical team. A short stay is not a complete treatment course.

Different bodies. Different priorities.

A credible programme makes room for individual history, symptoms, function and goals.

CLINICAL CONVERSATION	WHAT A SOUND APPROACH LOOKS LIKE
Menopause and midlife	Discuss symptoms, quality of life, bone health and personal risks. HRT can be appropriate for menopausal symptoms after an individual benefit-risk discussion; it is not a general anti-ageing prescription.
Men’s health	Investigate relevant symptoms. Testosterone deficiency requires compatible symptoms/signs and consistently low levels, with appropriate testing. Routine population screening and routine age-based testosterone are not the starting point.
Strength, falls and mobility	Include function in the brief: getting out of a chair, walking comfortably and doing valued activities. Exercise can be adapted for disability and chronic conditions.
A person, not a package	Discuss reproductive history, prior treatment, current medicines and what matters most. A hormone panel or body-composition score cannot replace a clinical conversation.

TESTING / THE DECISION RULE

More tests are not always more care.

Before any test: what decision would change because of its result?

START WITH	ADD WHEN JUSTIFIED	QUESTION THE CLAIM
History, symptoms, examination, medicines and prior results.	Targeted blood tests or imaging chosen for a specific risk or diagnostic question.	A large panel offered simply because it is “comprehensive”.
A cardiovascular risk discussion and properly measured blood pressure.	Specialist assessment if findings, symptoms or family history call for it.	A “normal” result presented as a guarantee that nothing is wrong.
Clear ownership of abnormal results and a plan to explain them.	Genetic counselling when testing is likely to inform care.	Whole-body scans or biological-age scores presented as proven life extension.

Cochrane’s review found that general health checks in unselected adults did not reduce overall mortality. That does not make indicated screening, symptom assessment or treating known risk factors unnecessary.

C / BIOLOGICAL AGE

An interesting signal. Not a verdict on your future.

“Biological age” tests use selected measurements and algorithms to estimate aspects of ageing. Different clocks can give different answers. A smaller number is not, by itself, proof that someone will live longer or remain healthier.

CALERIE / WHAT THE STUDY ACTUALLY MEASURED

In a two-year randomised study of 220 adults without obesity, a post-hoc DNA-methylation analysis found a slowing in the DunedinPACE measure after calorie restriction. Other clocks, including PhenoAge and GrimAge, did not show significant change.

It was not a trial proving longer life. A biomarker response cannot be converted into a promise of extra years.

IF YOU BUY A TEST

Ask about validation, repeatability, the reference population and whether the result changes a useful clinical decision.

IF YOU REPEAT IT

Use a comparable method and context. Avoid making a noisy score the main definition of success, or using it to justify risky treatment.

This is not a recommendation for calorie restriction. Restrictive eating requires particular caution with frailty, low weight, pregnancy, diabetes medication or an eating-disorder history.

C / SUPPLEMENTS

A purpose for each product. A reason to stop.

DISTINGUISH A DEFICIENCY FROM A LONGEVITY CLAIM

Treating a diagnosed deficiency or another established indication is different from buying a “healthy ageing stack”. Ask the clinician or pharmacist to review the full list, including duplicate ingredients, interactions and planned procedures.

NMN / A SMALL HUMAN SIGNAL

A small, short trial in prediabetic postmenopausal women found an improvement in muscle insulin sensitivity. It did not establish a longer lifespan, broad disease prevention or a benefit for everyone.

VITAMIN D / CONTEXT MATTERS

In VITAL, supplementation did not reduce fractures in generally healthy midlife and older adults not selected for deficiency. This does not negate treatment of deficiency or condition-specific bone care.

A FOUR-QUESTION SUPPLEMENT REVIEW

1. What exact problem is it intended to address?
2. What human evidence applies to me?
3. What could interact, duplicate or cause harm?
4. When will benefit and continued need be reviewed?

No supplement doses or personal regimens are prescribed in this magazine. Changing prescribed medicines or adding products requires individual advice.

C / THE RESEARCH FRONTIER

Curiosity, without premature certainty.

Exciting biology is a starting point for research, not a substitute for clinical outcomes.

APPROACH	THE RESPONSIBLE READING
Rapamycin / mTOR	The 48-week PEARL trial reported no significant improvement in its primary visceral-fat outcome. Some secondary signals were reported, but the study did not demonstrate lifespan extension. Small, selected cohorts cannot establish long-term safety for broad use.
Metformin	An established medicine for particular clinical indications, and a subject of ageing research. That is not the same as proven benefit from taking it for longevity without an indication.
Senolytics	Human studies, including a phase 2 bone-metabolism trial, are exploring effects in specific settings. This is not evidence for a routine senolytic holiday package.
Cells, tissues and genes	EMA warns against unregulated advanced therapies. A legal trial, a marketing authorisation and a national hospital exemption are different routes with specific conditions. “Experimental” does not itself make a commercial treatment legitimate.

READ THE EVIDENCE [\[20\]](#) [\[21\]](#) [\[22\]](#) [\[35\]](#)

THE WELLNESS MENU

Enjoy the experience. Interrogate the promise.

Treatments may have valid uses without proving a general anti-ageing benefit.

OFFERING	WHAT TO ASK BEFORE SAYING YES
Hyperbaric oxygen	What recognised condition is being treated? What is the evidence for this exact use? Ask about ear/lung risks, fire safety, supervision and the emergency plan. A longevity claim requires separate evidence.
NAD+ / vitamin infusions	What medical indication makes an infusion preferable? Ask about product quality and adverse-event handling. FDA has reported serious reactions after compounded NAD+ injections; US warnings are safety context, not Portuguese authorisation rules.
Detox / colon cleansing	What toxin is being measured and what clinical outcome improves? NCCIH reports limited evidence and safety concerns. These are not default components of our proposed programmes.
Spa, massage and relaxation	Choose for comfort and enjoyment when suitable. Do not turn a pleasant experience into a claim of disease prevention or “cellular rejuvenation”.

READ THE EVIDENCE [\[23\]](#) [\[24\]](#) [\[25\]](#)

Start with clinical fit. Then choose the setting.

Four publicly researched options for a careful conversation. This is a shortlist, not a certification or an existing ZERO partner network.

PROVIDER	PUBLISHED ROUTE	POTENTIAL FIT
Lusíadas Saúde	Prevention and Longevity consultation; integrated-care centres	A physician-led preventive-care pathway with follow-up.
CUF	PREVENIR check-ups; national hospital/clinic network	A tailored medical assessment with specialist access and a report.
Hospital da Luz Lisboa	Hospital-based health check-up	An urban clinical base; scope and international arrangements to confirm.
Longevity Wellness Clinics / Alvor	Published medical, nutrition, nursing and rehabilitation team	A medical-wellness setting, with strict selection of evidence-supported services.

Selection reflects identifiable organisations and relevant published services, not comparative outcome data. Unit licensing, clinician registration, contracts, prices, insurance, accessibility and cross-border follow-up still need verification before booking.

Prevention with continuity of care.

01 / LUSÍADAS SAÚDE

Its Prevention and Longevity consultation describes an initial assessment, a personalised plan and continuing oversight by a family physician. Published areas include exercise, nutrition, sleep, emotional health and appropriate medicine use.

WHY IT IS ON THE SHORTLIST

The published model explicitly includes ongoing care, not only testing. A promising first conversation for a clinically led ZERO programme.

WHAT MUST BE CONFIRMED

Participating unit and named clinician; international eligibility; test selection; language; remote follow-up; referral and urgent-result arrangements.

[Explore the published consultation](#)

02 / CUF

PREVENIR describes an initial and final medical consultation, investigations and a written report. International-patient support is listed. In June 2026, CUF announced the former HPA units’ new CUF identity in Algarve, Alentejo and Madeira.

Editorial condition: select investigations for clinical value, not the biggest bundle. Confirm the exact unit and service: one published check-up is not automatically available across the whole network.

[Explore CUF PREVENIR](#)

PROVIDER DOSSIERS / 03 + 04

A hospital base. A wellness setting.

03 / HOSPITAL DA LUZ LISBOA

The hospital lists a health check-up service. Its published JCI certificate names Hospital da Luz Lisboa as an accredited Academic Medical Center, effective 19 October 2024 to 18 October 2027.

Why consider it: a hospital-based route for an individual assessment. Confirm: the named clinical lead, current scope, report language, waiting times and aftercare. Accreditation is an organisational quality signal, not proof that every longevity claim works.

[Explore Hospital da Luz Lisboa](#)

04 / LONGEVITY WELLNESS CLINICS, ALVOR

Its published team includes medical director Dr Joana Santos, nursing, nutrition and rehabilitation professionals. It is a prospect for a stay combining consultations with wellness time, subject to clinical and commercial due diligence.

Important boundary: the wider menu includes services with very different evidence levels. Listing the organisation is not an endorsement of detox, infusion or other anti-ageing claims. Request an itemised, medically justified plan without unproven default add-ons.

[Explore the published Alvor team](#)

READ THE EVIDENCE [30] [31] [32]

PROPOSED STAYS / 01 + 02

Time for care. Room to enjoy Portugal.

01 / LISBON / THREE NIGHTS

The Prevention Edit

For a first, proportionate medical review with a comfortable city base.

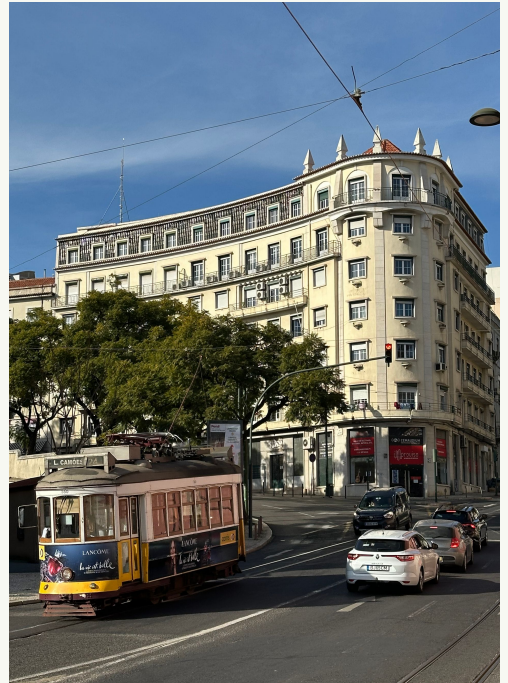
Before travel: clinical triage and confirmation of appointments.

Day 1: arrival and a quiet evening.

Day 2: consultation and selected investigations.

Day 3: results available so far, practical advice and leisure time.

Day 4: departure; remaining results followed up remotely.



Lisbon / Jose Cruz. Leisure imagery, not an access guarantee.

02 / ALGARVE / FIVE NIGHTS

The Strength & Recovery Edit

A clinically tailored review, assessed movement, nutrition coaching and time by the coast. Keep appointments close to the chosen base and leave recovery time between them.

A possible rhythm: arrive; assess; practise movement; learn food routines; review; depart. No invasive treatment, injection or restrictive fast is assumed. Adapt the plan for fatigue, disability and accompanying family.

PROPOSED STAYS / 03

A slower northern chapter.

Porto for clinical appointments. The Douro for a separate, optional restorative extension.



Douro Valley / Matheus De Moraes Gugelmim. Scenic setting, not a treatment claim.

03 / PORTO / SEVEN NIGHTS

The Healthy Habits Edit: an agreed assessment, time to practise a movement and nutrition routine, rest days and a written onward plan. An optional Douro extension follows the clinical part; do not turn it into a daily clinic commute.

MADEIRA + SÃO MIGUEL

Possible tailored extensions for suitable travellers, not pre-verified longevity treatment packages. Confirm local clinical capacity, transport, mobility access and emergency arrangements before combining medical care with island travel.

All three itineraries are ZERO editorial proposals, not bookable medical packages. Providers, scope, timing and costs require written confirmation. More nights do not mean more tests or a guaranteed health gain.

BEFORE YOU BOOK

The ten questions worth asking.

Use these with every provider, even a well-known hospital or an attractive retreat.

- 01 **Who is responsible?**
Name the treating clinician, registration and relevant specialty.
- 02 **Is the facility authorised?**
Check the exact legal entity, site and activity, not only the brand.
- 03 **What is the indication?**
Identify the health problem or decision each intervention addresses.
- 04 **What evidence applies to me?**
Ask for human outcomes, the comparison group and important limits.
- 05 **What are the harms and alternatives?**
Include doing less, waiting or receiving care at home.
- 06 **Who responds to a problem?**
Confirm supervision, escalation, emergency transfer and insurance.
- 07 **What is the full cost?**
Itemise consultations, tests, medicines, exclusions and extra follow-up.
- 08 **What happens to abnormal results?**
Agree who contacts you, how quickly and who arranges referrals.
- 09 **Who gets my information?**
Keep clinical records with the treating team; share only what is needed.
- 10 **Who follows me after I leave?**
Confirm the clinician, appointment, language and lawful remote-care route.

Mainland facilities: ERS register. Clinicians: the relevant professional order. Island facilities require the appropriate regional checks. A registration entry is necessary due diligence, not proof of treatment efficacy.

READ THE EVIDENCE [\[22\]](#) [\[33\]](#) [\[34\]](#) [\[36\]](#)

AFTER THE STAY

The meaningful part starts at home.

Proposed follow-up structure. The treating clinician sets the actual timing and measures.

BEFORE TRAVEL

Set the baseline

Share existing records directly with the clinical team. Agree one or two meaningful goals, a realistic schedule and any required clearance.

BEFORE DEPARTURE

Make the handover

Leave with results received, pending-result ownership, a medicine list, practical actions, warning signs and named contacts. Request a report for your usual clinician.

AROUND 30 DAYS

Check the fit

Review adherence, symptoms, tolerance and obstacles. An ambitious routine that cannot be sustained needs adjustment, not blame.

AROUND 90 DAYS

Review what matters

Assess agreed outcomes and decide what to continue. Retest only where clinically useful. A change in a consumer biological-age score is not the sole measure of success.

If remote follow-up cannot be provided appropriately across borders, arrange a handover to the traveller's home clinician. Do not leave this question until after payment.

SOURCE LIBRARY / REVIEWED 3 OCTOBER 2026

Foundations + clinical care

Numbered references link directly from the page footers. Titles below are shortened for readability; the linked records identify the original sources.

01 World Health Organization / Healthy ageing and functional ability

WHO topic and policy framework

02 World Health Organization / Physical activity

Fact sheet and adult activity recommendations

03 Pahor M et al. / The LIFE Study randomized clinical trial

JAMA 2014;311:2387–2396. doi:10.1001/jama.2014.5616

04 NIA AgingResearchBiobank / Lifestyle Interventions and Independence for Elders

Trial design, population and outcome summary

05 Direção-Geral da Saúde / PNPAS / Dieta Mediterrânica

Portuguese dietary pattern and practical principles

06 Estruch R et al. / PREDIMED: Mediterranean diet and cardiovascular prevention

N Engl J Med 2018;378:e34. Corrected/reanalysed report. doi:10.1056/NEJMoa1800389

07 Edinger JD et al. / American Academy of Sleep Medicine / Behavioural and psychological treatments for chronic insomnia

J Clin Sleep Med 2021;17:255–262. Clinical practice guideline

08 Baker LD et al. / US POINTER: structured vs self-guided lifestyle interventions

JAMA 2025;334:681–691. doi:10.1001/jama.2025.12923

09 European Society of Cardiology / Cardiovascular disease prevention in clinical practice

2021 ESC clinical practice guidelines

10 European Society of Cardiology / Elevated blood pressure and hypertension

2024 ESC clinical practice guidelines

11 Lincoff AM et al. / SELECT: semaglutide and cardiovascular outcomes without diabetes

N Engl J Med 2023;389:2221–2232. doi:10.1056/NEJMoa2307563

12 European Medicines Agency / Wegovy: European public assessment report

EU indications, benefits, risks and current product information

Clinical evidence and provider descriptions serve different purposes: a service listing verifies an advertised offer, not its effectiveness. URLs and availability may change.

SOURCE LIBRARY / REVIEWED 3 OCTOBER 2026

Testing + the research frontier

Numbered references link directly from the page footers. Titles below are shortened for readability; the linked records identify the original sources.

13 NICE / Menopause: identification and management

NG23, recommendations; current online guidance

14 Endocrine Society / Testosterone therapy in men with hypogonadism

2018 guideline. doi:10.1210/jc.2018-00229

15 Krogsbøll LT et al. / General health checks in adults

Cochrane Database Syst Rev 2019;CD009009. doi:10.1002/14651858.CD009009.pub3

16 American College of Radiology / Statement on screening total-body MRI

17 April 2023; limitations for asymptomatic low-risk people

17 Waziry R et al. / CALERIE: calorie restriction and DNA-methylation ageing measures

Nature Aging 2023;3:248–257. doi:10.1038/s43587-022-00357-y

18 Yoshino M et al. / NMN and muscle insulin sensitivity in prediabetic women

Science 2021;372:1224–1229. doi:10.1126/science.abe9985

19 LeBoff MS et al. / Supplemental vitamin D and incident fractures

N Engl J Med 2022;387:299–309. doi:10.1056/NEJMoa2202106

20 PEARL investigators / Rapamycin: safety and healthspan metrics after one year

Aging 2025;17:908–936. doi:10.18632/aging.206235

21 Farr JN et al. / Intermittent senolytic therapy and bone metabolism

Nature Medicine 2024;30:2605–2612. Phase 2 trial. doi:10.1038/s41591-024-03096-2

22 European Medicines Agency / HMA / Unregulated advanced therapies pose serious health risks

2025 joint warning and legal supply routes in the EU

23 US Food and Drug Administration / Ingredients suitable for sterile compounding

NAD+ injectable adverse-event and contamination warning, 2024

24 US Food and Drug Administration / Hyperbaric oxygen therapy: get the facts

FDA consumer bulletin; approved uses are not general anti-ageing proof

Clinical evidence and provider descriptions serve different purposes: a service listing verifies an advertised offer, not its effectiveness. URLs and availability may change.

SOURCE LIBRARY / REVIEWED 3 OCTOBER 2026

Safety + Portuguese providers

Numbered references link directly from the page footers. Titles below are shortened for readability; the linked records identify the original sources.

25 NCCIH / US National Institutes of Health / Detoxes and cleanses: what you need to know

Evidence limitations and safety considerations

26 Lusíadas Saúde / Consulta de Prevenção e Longevidade

Provider description: initial assessment, individual plan and follow-up

27 Lusíadas Saúde / Check-up Lusíadas

Published levels, optional modules and unit contacts

28 CUF / Check-up PREVENIR

Published assessment pathway, final report and international contact

29 CUF / O Grupo HPA agora é CUF

21 June 2026; new branding in Algarve, Alentejo and Madeira

30 Hospital da Luz Lisboa / Health checkup

Official service listing; detailed package scope requires confirmation

31 Hospital da Luz Lisboa / Luz Saúde / JCI accreditation certificate

Provider-published 2024 certificate; scope is the named hospital

32 Longevity Wellness Clinics / Alvor health and wellness team

Published medical director, nursing, nutrition and rehabilitation team

33 Entidade Reguladora da Saúde / Pesquisa de prestadores

Public facility register for mainland Portugal

34 Ordem dos Médicos / Public doctor search

Professional registration and specialty checks

35 NIA / US National Institutes of Health / Calorie-restriction mimetics and healthy ageing

Research context and uncertainty about metformin and related approaches

36 ERS / Registration requirements for healthcare establishments

Public register scope and mainland jurisdiction

Clinical evidence and provider descriptions serve different purposes: a service listing verifies an advertised offer, not its effectiveness. URLs and availability may change.

EDITORIAL STANDARDS

Clear sources. Clear boundaries.

HOW THIS ISSUE WAS RESEARCHED

A targeted narrative review of primary human studies, professional guidelines, regulatory warnings and official provider pages, checked on 3 October 2026. It is not a systematic review, independent site inspection, legal opinion or medical peer review. We did not contact providers, verify each site’s licence or audit clinical outcomes.

WHAT MUST HAPPEN BEFORE A TREATMENT OFFER IS PUBLISHED

Commission independent clinical review; verify the exact facility and professionals; confirm insurance, medical responsibility, costs, data handling and aftercare; agree written provider terms. Obtain permission for any partner logos, claims or photography. No confirmed ZERO healthcare partnership is implied here.

NEW IMAGERY / NO PROVIDER ENDORSEMENT IMPLIED

Cover	Original conceptual artwork created with OpenAI ImageGen. Imagined setting; not microscopy or a named Portuguese site.
Page 06	RDNE Stock project / Pexels 6539857.
Page 07	Chan Walrus / Pexels 1059905.
Page 20	Jose Cruz / Pexels 30062743.
Page 21	Matheus De Moraes Gugelmim / Pexels 20095792.
Page 28	Kampus Production / Pexels 7233089.

Stock photographs are illustrative; people shown are not presented as patients, clinicians, endorsers or ZERO clients. Photo source links and credits are included in the reading edition and editable source. Pexels licence: pexels.com/license/.

Pexels image licence



ZERO PREMIUM

Begin with your priorities.

Tell us what a better year would look like. We can explore a Portuguese stay around suitable clinical appointments, comfortable accommodation and practical everyday habits.

The proposed ZERO role is travel and non-clinical coordination. Diagnosis, test selection, treatment and medical follow-up belong to the licensed healthcare provider.

[Discuss a tailored Portugal stay](#)

info@zero.rentals / www.zero.rentals

ANA MELO + THE ZERO TEAM