

Coffee and Longevity: What the Large Cohort Studies Show

The Coffee Encyclopedia



*elderly couple drinking coffee together morning
healthy aging*

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Coffee is one of the most studied beverages in human nutrition science, and the cumulative evidence from population studies covering more than a million participants converges on a remarkable finding: people who drink 2 to 3 cups of coffee per day have a meaningfully lower risk of dying from any cause compared to people who do not drink coffee at all. The effect appears across major peer-reviewed studies including Harvard's analyses of more than 200,000 health professionals followed for decades, and the largest cohort studies ever assembled — the UK Biobank's 449,563 participants followed for more than

twelve years, and a further 498,134 in a separate analysis. The reduction in all-cause mortality is not enormous — typically 10 to 17 percent at optimal intake — but it is real, replicated, and shows up in both caffeinated and decaffeinated coffee, suggesting that the longevity benefit comes from the more than 1,000 bioactive compounds in coffee rather than caffeine alone. This article reviews exactly what the research shows, which studies are the most rigorous, why the benefit appears across genetic backgrounds, and what the findings mean for ordinary coffee drinkers — without overstating the strength of the evidence or recommending coffee as a treatment for anything.

The findings reviewed here come from observational research rather than randomized controlled trials, and observational research has well-known limitations including residual confounding and reverse causation. One caveat governs everything that follows, and it is the most important thing on this page. The association between coffee and longer life is large, consistent, and found across enormous populations. It has not been shown to be causal. Genetic studies designed specifically to test causation have not confirmed that coffee itself extends life, and several point in less favourable directions. This article reports both bodies of evidence and does not resolve the disagreement between them. Nothing in this article should be interpreted as medical advice or as a recommendation that non-coffee-drinkers begin drinking coffee for health reasons.

The UK Biobank Study: 449,563 Participants



The most influential single study on coffee and longevity is the UK Biobank cohort analysis published by Chieng and colleagues in the *European Journal of Preventive Cardiology* in 2022. The study examined 449,563 UK Biobank participants aged 40 to 69 at enrollment, free of cardiovascular disease and arrhythmias at baseline, and followed them for a median of 12.5 years.

Participants reported their daily coffee consumption at enrollment, including the type they typically drank — instant, ground (such as filter or espresso), or decaffeinated. Researchers grouped participants into six daily intake categories: none, less than one cup, one cup, 2 to 3 cups, 4 to 5 cups, and more than 5 cups per day. Outcomes

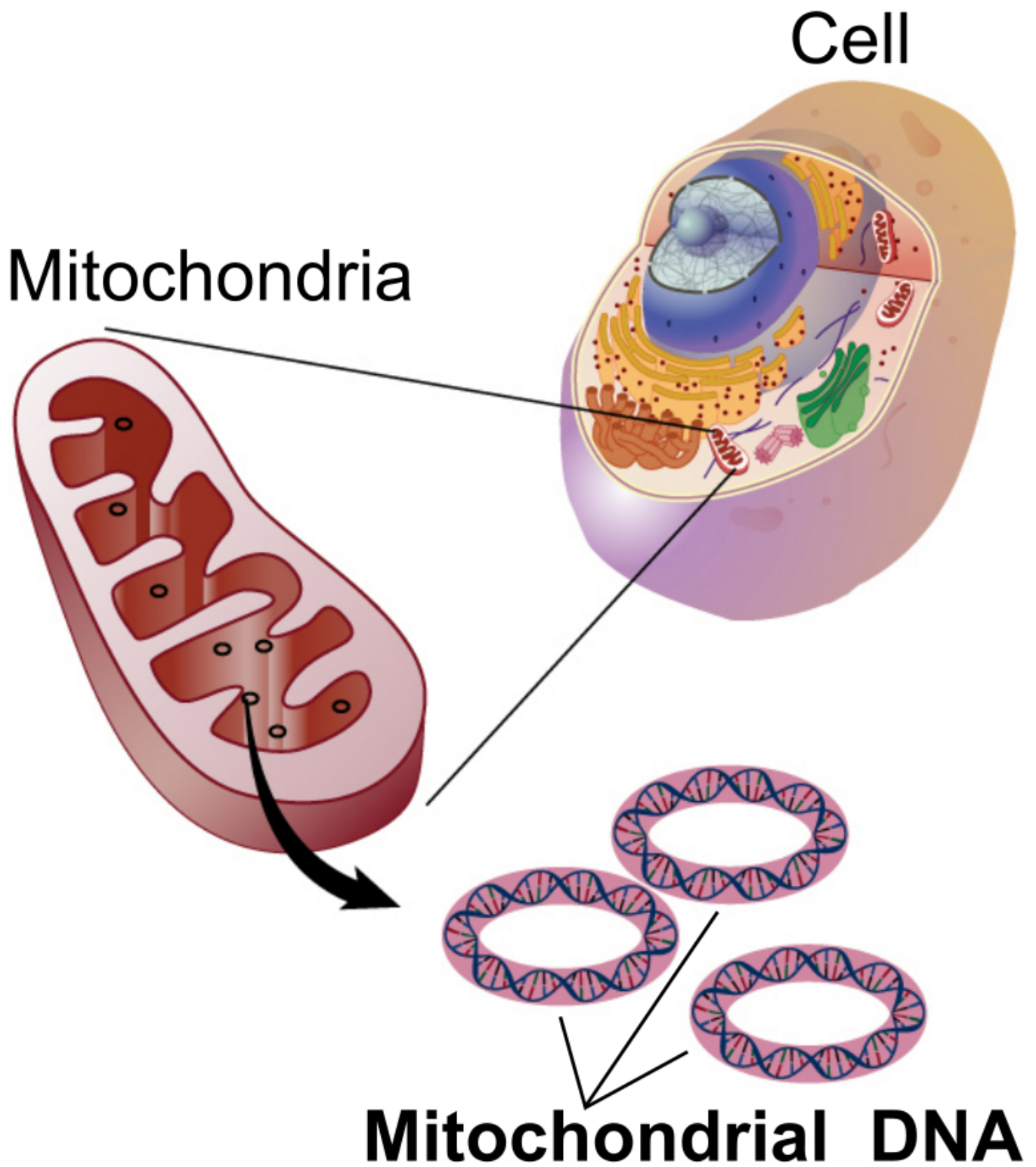
tracked included cardiovascular disease (coronary heart disease, congestive heart failure, ischemic stroke), arrhythmias (irregular heartbeat, atrial fibrillation), and all-cause mortality.

The findings were striking. Coffee drinkers across all subtypes — instant, ground, and decaffeinated — had lower mortality and cardiovascular disease incidence than non-drinkers, with the protective effect appearing across the full intake range up to 4 to 5 cups per day. The 2-to-3 cup range showed the strongest protective association: hazard ratios for cardiovascular disease reduction reached statistical significance, and all-cause mortality reductions were observed across all coffee subtypes.

Notably, decaffeinated coffee showed similar mortality benefits to caffeinated coffee. This is one of the strongest pieces of evidence that the longevity effects of coffee are not driven primarily by caffeine. If caffeine alone explained the benefit, decaffeinated coffee should show no effect. The fact that decaffeinated coffee produced similar mortality reductions points to coffee's broader chemistry — the polyphenols, chlorogenic acids, melanoidins, and other bioactive compounds — as the likely active ingredients.

The arrhythmia finding was nuanced. Caffeinated coffee (instant and ground) showed reductions in incident arrhythmia, but decaffeinated coffee did not. This suggests that for arrhythmia specifically, caffeine plays a role, while for general cardiovascular protection and mortality, the broader coffee chemistry matters more.

What Genetic Studies Show — And Do Not Show



Observational studies can show that coffee drinkers live longer. They cannot show that coffee is the reason. People who drink two or three cups a day may differ from non-drinkers in dozens of ways — income, exercise, smoking, employment, general health

— and no amount of statistical adjustment removes every difference.

Mendelian randomization was developed to get past this. Genetic variants that influence how much coffee a person consumes are distributed essentially at random at conception, before any lifestyle choice is made. If people genetically inclined toward higher coffee consumption also live longer, that points toward causation. If they do not, the observational association is more likely to reflect confounding.

The method has been applied to coffee repeatedly, and the results are not what the observational literature would predict.

The Karolinska study. Researchers at the Karolinska Institutet in Stockholm, publishing in *Nutrients* in 2021, used twelve independent genetic variants to proxy coffee consumption and tested them against fifteen cardiovascular outcomes. Their finding: "Genetic predisposition to higher coffee consumption was not associated with any of the 15 studied cardiovascular outcomes." Their conclusion was that the study "showed limited evidence that coffee consumption affects the risk of developing cardiovascular disease, suggesting that previous observational studies may have been confounded."

The mortality question, tested directly. A 2016 study in the *International Journal of Epidemiology* examined between 95,000 and 223,000 individuals and compared the observational and genetic pictures side by side. Observationally, it found the familiar U-shaped protective association. Genetically, it found nothing: a hazard ratio of 1.01 per caffeine-intake allele for all-cause mortality, with a confidence interval spanning 1.0. The authors stated plainly that "genetically caffeine intake was not associated with risk of cardiovascular disease or all-cause mortality."

The reviews agree. A 2022 review in the *European Journal of Nutrition* summarised the position: high coffee consumption is associated with low mortality risk in observational studies, with hazard ratios of 0.85 to 0.90 against non-drinkers, "with no support of causality in Mendelian randomization studies." A 2024 review in *GeroScience* reached a

similar conclusion for cardiometabolic outcomes.

Where genetic studies do find effects, they are mixed. A 2025 systematic review in *Nutrition Research Reviews* examined 59 Mendelian randomization studies covering 160 disease and biomarker associations. It found probable genetic evidence for *protective* effects on migraine, kidney disease, gallstones, hepatocellular carcinoma and ovarian cancer — and probable evidence for *increased* risk of oesophageal and digestive cancers, type 2 diabetes, osteoarthritis, rheumatoid arthritis, menopausal disorders, glaucoma, Alzheimer's disease, and higher LDL cholesterol. All-cause mortality and longevity do not appear among the outcomes for which genetic evidence exists at all.

A 2026 study in *Scientific Reports*, using data from 24,835 participants in the Swedish SCAPIS cohort alongside the UK Biobank, found no observational association between coffee and measures of early atherosclerosis — but its genetic analysis found that predisposition to higher coffee consumption was associated with *increased* arterial plaque burden. Its authors noted that "the underlying biological basis remains to be clarified."

What this means for a reader. The honest summary is uncomfortable but clear. Coffee drinkers, in study after study covering millions of people, die less often over the follow-up period than non-drinkers. Genetic evidence does not establish that coffee is why. The association may reflect confounding, reverse causation — people who become ill often stop drinking coffee — or a real effect that genetic methods are not sensitive enough to detect.

This does not mean coffee is bad for you. It means the evidence supports drinking coffee if you enjoy it, and does not support drinking coffee in order to live longer.

Harvard's 200,000-Person Cohort Research

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harvard medical school nurses health study research

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Harvard researchers have produced some of the most cited longitudinal coffee research, drawing on the Nurses' Health Study, the Health Professionals Follow-Up Study, and related cohorts that have followed hundreds of thousands of participants for decades.

The Harvard cohorts have produced two relevant analyses. The 2008 study in the *Annals of Internal Medicine* followed 84,214 women in the Nurses' Health Study and 41,736 men in the Health Professionals Follow-up Study — 125,950 people in total. A larger 2015 analysis in *Circulation* pooled 208,501 participants across three cohorts and examined cause-specific mortality directly. It found significant inverse associations between coffee consumption and death from cardiovascular disease, neurological disease, and suicide. It found no significant association with total cancer mortality — a distinction worth noting, since coffee is often described as protective against cancer generally.

The Harvard research base is particularly valuable because of its duration. Many studies follow participants for 5 to 10 years; the Harvard cohorts have followed participants for 20 to 30 years in many cases, allowing the cumulative effects of coffee

consumption on long-term health outcomes to emerge clearly. The findings of reduced mortality across this very long follow-up window are difficult to attribute to short-term reverse causation (where sicker people happen to drink less coffee) and provide strong evidence that the protective association is real.

A separate 2018 analysis in *JAMA Internal Medicine* examined 498,134 UK Biobank participants. Its authors were at the National Cancer Institute and Northwestern University, not Harvard. It found inverse associations between coffee drinking and mortality, including among people drinking eight or more cups a day, and — importantly — the associations held regardless of genetic caffeine-metabolism speed.

Why Coffee Helps: Polyphenols, Chlorogenic Acids, Antioxidants

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*coffee bioactive compounds molecular polyphenols
chemistry*

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Coffee contains over 1,000 bioactive compounds, far more than any single nutrient supplement. The compounds with the strongest scientific support for biological activity include chlorogenic acids, melanoidins, trigonelline, cafestol, kahweol, and a complex array of polyphenols.

Chlorogenic acids are among the most-studied compounds in coffee. They are powerful antioxidants that have been shown to reduce oxidative stress in cells, modulate glucose absorption in the intestines, improve insulin sensitivity, and exert anti-inflammatory effects on vascular tissue. The ability of chlorogenic acids to reduce inflammation and oxidative damage is one of the leading hypotheses for why coffee correlates with reduced cardiovascular and metabolic disease risk.

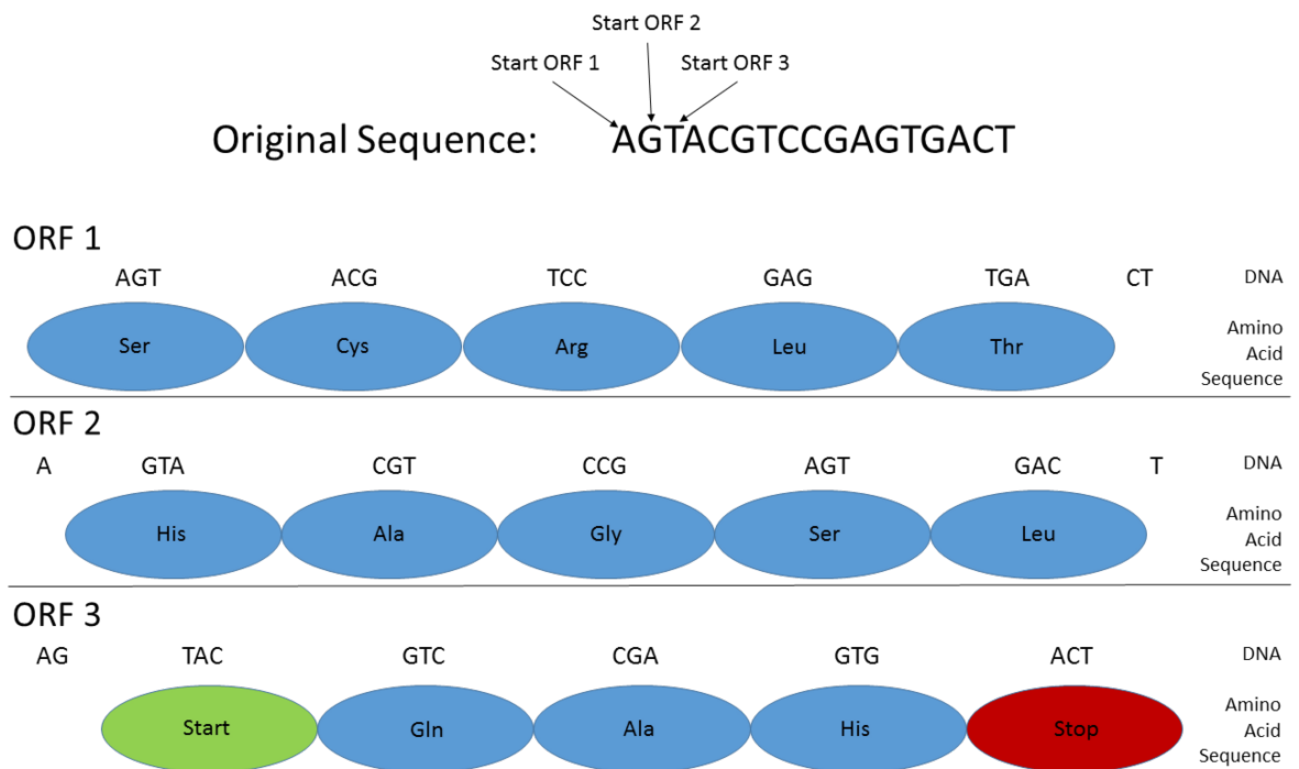
Melanoidins are formed during the roasting process and contribute both to coffee's color and to its antioxidant capacity. Research has connected melanoidins to anti-inflammatory effects in the gut and to potential prebiotic activity supporting beneficial gut microbiota.

Trigonelline is a precursor to niacin (vitamin B3) and is partially converted to nicotinic acid during roasting. It has been studied for potential effects on insulin sensitivity and cognitive function.

Caffeine itself, while not the only active compound, contributes its own set of effects. It is an adenosine receptor antagonist, which is why it produces alertness. It also has documented neuroprotective effects in studies on Parkinson's disease and Alzheimer's disease, and it modulates dopamine signaling in ways that may contribute to mood and cognitive benefits.

The coffee matrix — the combination of all these compounds together — appears to produce effects that none of the individual compounds produce alone. This is why isolated caffeine supplements do not show the same longevity associations that brewed coffee does. The coffee package matters more than any single ingredient.

The CYP1A2 Gene and Fast vs Slow Caffeine Metabolizers



Approximately half of all adults carry the AA variant of the CYP1A2 gene and metabolize caffeine quickly, clearing it from the bloodstream in 4 to 5 hours. The other half carry AC or CC variants and metabolize caffeine more slowly, clearing it in 6 to 9 hours or longer. This genetic variation has been studied extensively in relation to caffeine's effects on the cardiovascular system and overall health.

Earlier research had suggested that slow metabolizers might experience disadvantages from coffee consumption — possibly increased blood pressure responses or arrhythmia risk from caffeine that lingers longer in the system. More recent and larger studies have substantially weakened this concern. The Lofffield analysis of 498,134 UK Biobank participants found that the mortality benefits of coffee were independent of CYP1A2 genotype. Whether you are a fast or slow metabolizer, you still benefit from coffee

consumption.

This finding, replicated across multiple cohorts, reinforces the conclusion that coffee's longevity effects are not driven solely by caffeine. If caffeine were the active ingredient, slow metabolizers would benefit less (because their caffeine exposure is prolonged and potentially detrimental). The fact that they benefit equally points to the broader coffee chemistry — polyphenols, chlorogenic acids, antioxidants — as the source of the protective effect.

The 2-to-3 Cup Sweet Spot

Across nearly all major cohort studies, the relationship between coffee consumption and mortality follows a U-shaped or J-shaped curve. Non-drinkers have higher mortality than moderate drinkers, but very heavy drinkers (more than 5-6 cups per day) sometimes lose the benefit and may even show modest harm in some studies. The optimal range for most adults appears to be 2 to 3 cups per day, with continued benefit up to 4 to 5 cups for many people.

The reason for the upper threshold is not fully understood. Possible explanations include caffeine-related sleep disruption at high intakes, individual sensitivity differences, or competing effects from compounds in coffee that may have different dose-response curves than the protective ones. The practical takeaway is that more is not necessarily better — 2 to 3 cups daily appears to capture most of the longevity benefit, and exceeding 4 to 5 cups does not provide additional protection in most studies.

This is consistent across cultures and preparations. The Mediterranean coffee culture (small espressos throughout the day), the American filter culture (larger morning cups), and the Northern European long coffee tradition all show similar mortality benefits in their respective populations at moderate intake levels.

Telomeres and Biological Aging



Telomeres are the protective caps at the ends of chromosomes that shorten with each cell division, and telomere length has been studied as a marker of biological aging. Research has begun to examine whether coffee consumption affects telomere length, with mixed and interesting findings.

The research here does not agree with itself, and readers should know that.

A 2016 study in the *Journal of Nutrition* examined 4,780 women in the Nurses' Health Study and found that higher coffee consumption was associated with longer telomeres. Compared with non-drinkers, women drinking three or more cups a day had an odds ratio of 1.36 for longer telomeres, with a significant trend across intake levels. The study was cross-sectional — a single blood draw rather than measurement over time — and its authors noted that future prospective studies were needed.

A much larger 2023 analysis in *Nutrients*, covering 468,924 UK Biobank participants, found the opposite overall. It concluded that coffee intake, particularly instant coffee,

had "an important role in shortening telomere length." The effect was concentrated in instant coffee; for filtered and ground coffee, no association was found.

Taken together: a small cross-sectional cohort finds longer telomeres, a large observational study finds shorter, and the difference appears to depend on preparation method. This encyclopedia reports the disagreement rather than selecting the more flattering result.

What Coffee Cannot Do

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*realistic balanced perspective coffee health
benefits limitations*

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It is important to be honest about the limits of the longevity research. Coffee is associated with reduced mortality risk in observational studies and in Mendelian randomization analyses, but the effect size is moderate — typically 10 to 17 percent reduction in all-cause mortality at optimal intake. This is meaningful at the population level but should not be misunderstood as a dramatic life-extending intervention.

Coffee does not replace other components of healthy aging. Sleep, physical activity, social connection, and dietary quality all have effect sizes in the same range or larger.

Smoking cessation, control of cardiovascular risk factors, and avoidance of excessive alcohol consumption all have effect sizes much larger than coffee consumption. A person who drinks coffee but smokes, sleeps poorly, and avoids exercise will not gain longevity from the coffee alone.

The research also does not justify recommending coffee to non-coffee-drinkers. The benefit appears in people who already drink coffee compared to people who do not, but starting coffee consumption specifically for longevity reasons is not supported by the research as a strategy. People who do not drink coffee for taste, sensitivity, or personal preference reasons should not feel pressured to start.

The findings are best understood as reassurance for existing coffee drinkers — your habit is not harmful, and within the moderate range, it appears to be modestly beneficial. The findings should not be read as a prescription.

Coffee Longevity in the Puerto Rican Tradition

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*puerto rican grandmother coffee tradition mountains
heritage*

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Puerto Rican coffee culture has long centered around moderate daily consumption — the morning café con leche, the small after-dinner cup, the visit to abuela's house with coffee on the stove. The traditional Boricua coffee pattern looks remarkably similar to the consumption patterns associated with longevity in the major cohort studies: 2 to 4 servings per day, distributed across morning and afternoon, prepared in ways that preserve the bioactive compound content.

The high-altitude beans grown in the mountains of Yauco, Adjuntas, Lares, Jayuya, and Maricao tend to be denser and richer in chlorogenic acids than lower-altitude beans grown in many other regions. Altitude stresses the coffee plant in ways that increase concentrations of secondary metabolites — the compounds responsible for both flavor and health effects. A cup of Puerto Rican single-origin coffee from the central cordillera contains more of the polyphenols and antioxidants associated with longevity benefits than the average cup of commodity coffee.

The cafetera-brewed coffee that defines Puerto Rican home preparation also retains compounds that filter brewing partially removes. Cafestol and kahweol — diterpenes with documented anti-cancer properties in laboratory studies — are present in higher concentrations in unfiltered coffee preparations. This is a double-edged finding: cafestol also raises serum cholesterol modestly, so the cardiovascular implications are mixed. But the broader bioactive profile of Puerto Rican cafetera coffee aligns with the chemistry that the longevity research connects to reduced mortality.

The Puerto Rican coffee tradition was not designed around longevity science. It evolved over centuries as a daily life practice. The fact that the practice happens to align so closely with what modern research identifies as health-supportive moderate coffee consumption is one of the quiet validations of cultural wisdom by data.

Key Facts

- The UK Biobank study of 449,563 participants found the lowest all-cause mortality at 2 to 3 cups daily, across ground, instant and decaffeinated coffee

- A separate analysis of 498,134 UK Biobank participants found inverse mortality associations regardless of genetic caffeine-metabolism speed
- Mendelian randomization studies, which test for causation rather than association, have not confirmed a causal coffee-longevity link
- A 2016 study in the *International Journal of Epidemiology* found a hazard ratio of 1.01 per caffeine-intake allele for all-cause mortality — effectively no genetic effect
- Coffee shows no significant association with total cancer mortality in the Harvard cohort analysis
- Evidence on telomeres is contradictory and appears to depend on preparation method
- Harvard cohort studies (200,000+ participants over 20-30 years) consistently show reduced premature death at moderate coffee intake
- Both caffeinated and decaffeinated coffee show longevity benefits, suggesting non-caffeine compounds are involved
- Coffee contains over 1,000 bioactive compounds; chlorogenic acids and polyphenols are particularly relevant for longevity
- The optimal intake range is 2-3 cups per day; benefits continue to 4-5 cups; excessive consumption (more than 6 cups) may lose the benefit
- The mortality reduction is modest — typically 10-17 percent at optimal intake — meaningful but not dramatic
- Coffee does not replace sleep, exercise, or dietary quality as longevity factors
- Puerto Rican coffee tradition (2-4 servings daily) closely matches the consumption pattern associated with longevity benefits

Frequently Asked Questions

How much can coffee actually extend my life?

The peer-reviewed research suggests that people who drink 2-3 cups of coffee daily have approximately 10-17 percent lower all-cause mortality compared to non-drinkers, depending on the study and population. This is meaningful at the population level but modest at the individual level — the effect size is similar to or smaller than other lifestyle factors like regular exercise, adequate sleep, and not smoking. Coffee should be understood as one supportive habit among many, not as a longevity-extending intervention on its own.

Is decaf coffee as good as regular for longevity?

For overall mortality reduction, yes — multiple major studies including the UK Biobank cohort show that decaffeinated coffee provides similar all-cause mortality benefits to caffeinated coffee. This suggests the longevity benefits come primarily from the non-caffeine compounds in coffee (polyphenols, chlorogenic acids, antioxidants). For cardiac

arrhythmia specifically, caffeinated coffee shows protective effects that decaffeinated does not, suggesting caffeine plays a role in that specific outcome. For most longevity considerations, both forms of coffee appear protective.

Should I start drinking coffee for the health benefits?

The research does not support starting coffee consumption specifically for longevity reasons. The mortality benefits are observed in people who already drink coffee, and the effect of starting coffee as a non-drinker has not been studied directly. People who don't drink coffee for taste, sensitivity, or personal preference reasons should not feel compelled to start. The findings are best understood as reassurance for existing coffee drinkers rather than a recommendation for new ones.

Why is the optimal intake 2-3 cups and not more?

Most large studies show a U-shaped dose-response curve where moderate intake (2-3 cups) provides the strongest benefit, intake up to 4-5 cups continues to show benefit, but very heavy intake (more than 6 cups daily) sometimes loses the benefit. The reasons are not fully understood but may include sleep disruption from high caffeine intake, individual sensitivity variations, or different dose-response curves for different compounds in coffee. The practical takeaway is that more is not necessarily better.

Does coffee help prevent specific diseases?

Coffee consumption has been associated with reduced risk of type 2 diabetes (substantial evidence), Parkinson's disease (moderate evidence), Alzheimer's disease (suggestive evidence), liver disease (moderate evidence), and certain cancers (mixed evidence by cancer type). For cardiovascular disease, moderate coffee consumption is associated with reduced risk in most studies. None of these findings should be interpreted as coffee being a treatment for these conditions — they represent statistical associations observed in healthy populations, not therapeutic effects.

Sources

This article reports published research. Where the observational and genetic literatures disagree — as they do on the central question of causation — both are given.

Cohort studies

- Coffee drinking is associated with increased longevity, Chieng et al., *European Journal of Preventive Cardiology*, 2022. The UK Biobank analysis of 449,563 participants over a median 12.5 years. Source for the 2-to-3 cup finding across coffee types.
- Association of Coffee Drinking With Mortality by Genetic Variation in Caffeine Metabolism, Loftfield et al., *JAMA Internal Medicine*, 2018. 498,134 UK Biobank participants. Authors at the National Cancer Institute and Northwestern University. Source for the mortality associations and their independence from caffeine-metabolism genotype.
- Association of Coffee Consumption With Total and Cause-Specific Mortality in 3 Large Prospective Cohorts, Ding et al., *Circulation*, 2015. 208,501 participants. Source for the cause-specific findings, including the absence of an association with total cancer mortality.
- The relationship of coffee consumption with mortality, Lopez-Garcia et al., *Annals of Internal Medicine*, 2008. 84,214 women and 41,736 men.
- Coffee consumption and health: umbrella review, Poole et al., *BMJ*, 2017. Source for the largest mortality reduction occurring at 3 to 4 cups per day, relative risk 0.83.

Genetic and causal-inference studies

- Coffee Consumption and Cardiovascular Diseases: A Mendelian Randomization Study, Yuan, Carter, Mason, Burgess and Larsson, *Nutrients*, 2021. Karolinska Institutet. Twelve genetic variants, fifteen cardiovascular outcomes. Source for the quoted finding that genetic predisposition to higher coffee consumption "was

not associated with any of the 15 studied cardiovascular outcomes," and for the conclusion that previous observational studies "may have been confounded."

- Coffee intake, cardiovascular disease and all-cause mortality, Nordestgaard and Nordestgaard, *International Journal of Epidemiology*, 2016. 95,000 to 223,000 individuals. Source for the hazard ratio of 1.01 per caffeine-intake allele and for the quoted statement that genetically determined caffeine intake was not associated with mortality.
- Causal relationship from coffee consumption to diseases and mortality, Nordestgaard, *European Journal of Nutrition*, 2022. Source for the observational hazard ratio range of 0.85 to 0.90 and the quoted phrase "with no support of causality in Mendelian randomization studies." Note that this review identifies gallstones as the one outcome where genetic evidence does support causation.
- Coffee and health outcomes: a systematic review of Mendelian randomisation studies, Pham et al., *Nutrition Research Reviews*, 2025. 59 studies, 160 associations. Source for the list of outcomes with probable genetic evidence in both directions, and for the absence of all-cause mortality among them.
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- Ungvari and Kunutsor, *GeroScience*, 2024, [PMID 38963648](#). Source for the conclusion that, apart from type 2 diabetes and chronic kidney disease, Mendelian randomization does not robustly support causal links for cardiometabolic outcomes.

Telomeres

- Coffee Consumption Is Positively Associated with Longer Leukocyte Telomere Length in the Nurses' Health Study, Liu, Crous-Bou, Giovannucci and De Vivo, *Journal of Nutrition*, 2016. 4,780 women, cross-sectional. Source for the odds ratio of 1.36 at three or more cups daily.

- [Coffee and telomere length in the UK Biobank](#), *Nutrients*, 2023. 468,924 participants. Source for the finding that coffee intake, particularly instant coffee, plays "an important role in shortening telomere length," and for the absence of an association with filtered coffee.

A correction recorded on this article. An earlier version of this page cited a Mendelian randomization study attributed to the Karolinska Institutet and published in *Nature Medicine*, and a 2023 telomere study in *Antioxidants*. Neither could be located in the published literature, and both have been removed. The genuine Karolinska study is cited above and reached the opposite conclusion to the one previously reported here. See the [Corrections Log](#).

Sources were last verified in August 2026.

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Important Note

This article is educational reference based on peer-reviewed research and is not medical advice. The findings discussed represent statistical associations in large populations, not personalized predictions for individuals. People with specific medical conditions, sensitivities to caffeine, or concerns about coffee consumption should discuss their situation with their healthcare provider, who can address individual

circumstances and medical history.

Taste Authentic Puerto Rico Coffee

The longevity research consistently shows benefits for moderate coffee consumption — 2 to 3 cups per day, of carefully prepared coffee, enjoyed as part of a healthy daily life. The high-altitude beans from Yauco, Adjuntas, Lares, Jayuya, and Maricao deliver more of the polyphenols and antioxidants the research identifies as relevant to longevity than commodity coffee, while honoring the centuries-old Boricua tradition that quietly aligns with what modern science calls the optimal coffee pattern. PuertoRicoCoffeeShop.com ships freshly roasted Puerto Rican coffee directly from the mountains.

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