

Breast pain (Mastalgia)

Breast pain is very common in women of all ages, even many years after the menopause. It can come in episodes or all the time and it can occur in one or both breasts. It is extremely unusual for breast pain to be the first sign of breast cancer.

Causes

Breast pain is a common breast symptom. Pain in the breasts can be related to the breast tissue itself or to the muscles, ribs, heart and lungs within the chest wall. Pain in the breast tissue is poorly understood, despite scientific studies. Although the exact reason for it is unknown, pain is probably related to the way breast tissue reacts to variations in the female hormones.

Menstrual cycle-related breast pain occurs in the weeks before a menstrual period and settles or decreases afterwards. **Non-cycle related breast pain** occurs at any point in the menstrual cycle or after the menopause. It may be due to some breast tissue becoming over-sensitive to the normal hormones levels, even after the menopause.

Breast pain often causes a lot of anxiety, but it is extremely unusual for pain to be the first sign of breast cancer.

Self-help for breast pain

There are lots of suggestions but very little scientific evidence for managing and reducing breast pain. Breast pain often gets better by itself and often a reassuring consultation or investigations can be helpful in understanding the cause or coping with the pain.

- It is always worth making sure you have a well-fitting bra, as a more supportive bra can often be helpful. Sometimes a sports or soft bra can help.
- Sometimes pain can get worse after starting hormonal medicine like the contraceptive pill or injection, or HRT for the menopause. If this does not settle you may want to discuss a change with your GP.
- There is no evidence that making a change to your diet or exercising more can make a difference to breast pain. Cutting down alcohol or caffeine also does not seem to help, although all these measures may improve your general health and well-being and help you cope with pain.

Other treatment for breast pain

If breast pain is slow to settle down there are some other treatment options if needed. Some medications for significant breast pain can be effective but can also give troublesome side effects; therefore it is worth trying simple therapies first.

- **Anti-inflammatory gel** (such as Ibuprofen) applied directly to the tender area twice a day for a short course. This can be useful particularly if the pain is in one breast or one area.
- Introducing **Flaxseed** (25-30g per day) to your diet has some evidence of improving cyclical mastalgia.
- **Agnus Castus** (4mg per day) a herb which is derived from the vitex (Chaseberry) tree has also shown some benefit with breast pain. It is not expensive and can be tried for two or three months to see if there is any benefit. Side effects of Agnus Castus can be a headache, upset stomach and change in menstrual flow.
- **Evening Primrose Oil** (1g three times a day) has also been tried for breast pain. Although there is not good evidence, small studies show that used by itself or with Vitamin E can improve breast pain in some women. Any benefit should be within two or three months. Evening primrose oil can cause an upset stomach. **If you have an increased risk of bleeding (including taking blood thinners) you should discuss taking this with your doctor. People with epilepsy should not take evening primrose oil.**

Avoid taking Agnus Castus or Evening Primrose Oil in pregnancy and if breast feeding and ensure adequate contraception when taking. Always read the label and check with your doctor if you are not sure whether to take a medicine.

If someone is getting severe and persistent pain that has not responded to the above measures, sometimes a hormone blocker called **Tamoxifen** can be used. It works by blocking hormones stimulating the breast and is also used in the management of breast cancer. It can be effective, but has significant side effects (including an increased risk of blood clots) so is only started if you are in severe and persistent pain.

Coping with breast pain

Breast pain can be upsetting and worrying, particularly when there seems no good reason for it to happen. Having breast pain does not increase your risk of breast cancer. However, it is still important to see your doctor if the pain gets worse, changes or you notice any other changes in your breasts.

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email ruh-tr.pals@nhs.net or telephone 01225 825656/ 826319.