

Breast Pain or Mastalgia:

- Breast pain is one of the most common breast problems, affecting up to 70% of women at some time in their life.
- Breast pain is considered normal rather than a disease.
- Women can have varying degrees of breast pain from mild to moderate to severe. This may affect one or both breasts or radiate into the armpit.
- Approximately 15% of women have severe pain requiring treatment.
- In general, breast pain alone is rarely a sign of cancer.

There are three types of breast pain:

1. Cyclical Breast Pain

- This pattern occurs in premenstrual women in association with the menstrual cycle due to hormonal variations and women usually feel increased pain before a period and a reduction of pain after the period.
- Hormonal fluctuations can also cause cyclical breast pain in young females approaching menarche (when menstruation begins), with pregnancy, breastfeeding, and in women approaching menopause.
- It accounts for about 75% of all breast pain reported and it can be present with or without associated lumpiness of the breast (fibrocystic breast condition)
- Stress can also affect hormone levels and this may influence breast pain.
- Hormone replacement can produce the same pain and swelling, only it tends not to go away.

2. Non-cyclical Breast Pain

- This less common pattern of breast pain is not related to the menstrual cycle.
- Pain can be felt in one specific area of the breast (referred to as “Target-Zone” breast pain) or it may be found in both breasts. The woman experiencing non-cyclical breast pain can point to exactly where it hurts.
- Pain can be the result of trauma to the breast or at the site of a previous breast biopsy.
- Doctors do not know what causes this type of continuous pain, which may last 1 to 2 years and then disappear.
- It occurs in both pre- and post-menopausal women, yet it is most common in women 40-50 years.
- Cancer must be ruled out in women with target zone pain, although cancer occurrence is rare.

3. Non-Breast Origin Pain

- This category is not actually a form of breast pain, but to a woman it may feel like it comes from the breast.
- This pain is found in the middle of the chest and it does not change with the menstrual cycle. This pain usually goes away in time.
- “Costochondritis” is the medical term for this arthritic pain that occurs where the ribs and breast cone connect. Poor posture, too much exercise, and the aging process can contribute to increased stress on these joints.

Evaluation of breast pain

- It is important to identify the place, strength and duration of the breast pain, as well as how much the pain interferes with woman’s daily activities.
- Individual assessment includes a woman’s history, physical exam, and if needed, ultrasound or mammogram (if over 35 years).
- Completing a pain chart may help to define the pain pattern.

Treatment of Breast Pain

- Reassurance that symptoms are not due to cancer is the first and most successful treatment.
- Use of a comfortable and supportive bra
- Dietary changes:
Evidence is not conclusive, but some women find it helpful to:
Eliminate caffeine (methylxanthines) present in coffee, tea, cola drinks and chocolate;
Eat a low fat diet, reduce meat and dairy intake, increase grains, fruit, and vegetables;
Reduce salt intake.
- Vitamin supplementation
- Talk to your physician or nurse about recommended doses (Vitamin E, Evening Primrose Oil, Vitamin B6 (Pyridoxine))
- Relaxation techniques:
Learning how to fully relax the body can reduce stress hormone levels that may affect the breasts. Many women have found meditation and visualization to be very helpful in quieting the mind
Routine physical exercise reduces body fat and decreases the production of estrogen, which works together to help decrease pain. Exercise causes an increase in endorphins, which in turn decreases breast tenderness and fluid retention.
- Cyst Aspiration: Fluid-filled cysts (if large enough) can be drained to relieve pain. These cysts sometimes refill
- Surgical removal: Biopsy is uncommon and is not generally recommended.
- Medication:
A rare case of disabling breast pain may need medication. In severe cases, medication could be prescribed, but many have unwanted side effects. Your doctor may prescribe aspirin and/or anti-inflammatory agents to help relieve costochondritis.

This information is of a general nature and may vary according to your special circumstances. If you have specific questions, please contact your physician or appropriate health care professional.

References:

1. Kneece, J. (2003). *Finding a lump in your breast. Where to go...what to do* (2nd ed.). Columbia: EduCare Inc.
2. Kneece, J. (1996). *Solving the mystery of breast pain*. Columbia: EduCare Inc.
3. Lauersen, N. & Stukane, E. (1998). *The complete book of breast care*. New York: Columbine.