Breast Pain

This leaflet tells you about breast pain (also known as mastalgia). It explains the different types of pain you might have, how a diagnosis is made and how breast pain can be treated.

Introduction

Breast pain can cause a lot of anxiety, and many women worry that they have breast cancer. Breast pain alone is not usually a sign of breast cancer and is much more likely to be either a benign (not cancer) breast condition or chest wall pain due to other factors.

Although it's much more common in women, men can also get breast pain. Breast pain in men is usually a sign of a benign condition known as gynaecomastia (enlargement of male breast tissue).

Types of breast pain

Breast pain is very common in women of all ages. There are three types of breast pain, two of which are 'true' breast pain, as in affecting the breast tissue, and one of which is referred pain coming from elsewhere in the body, but which is felt in the breast.

- **Cyclical breast pain.** Breast pain that is part of a woman's normal menstrual cycle (periods).
- **Non-cyclical breast pain.** Some women have lasting pain in the breast that is not related to the menstrual cycle.
- **Chest wall pain.** Pain that may be coming from elsewhere in the body, but which is felt in the breast.

Having severe, long-lasting breast pain can sometimes affect a woman's daily activities which may cause anxiety and, for some, depression but this isn't the case for most women and their pain can be helped or managed.

What is Cyclical breast pain?

Cyclical breast pain is linked to changing hormone levels during the menstrual cycle, but the exact causes are unknown. Approximately two out of three women will experience cyclical breast pain at some time in their lives.

These hormonal changes make the breast tissue more sensitive, which can cause pain. Many women may feel discomfort and lumpiness in both breasts a week or so before their period. The pain can vary from mild to severe and the breasts can also be tender and sore to touch. It often goes away once a period starts.

You may experience heaviness, tenderness, a burning, prickling or stabbing pain, or a feeling of tightness. The pain usually affects both breasts but it can affect just one breast and can spread to the armpit, down the arm and to the shoulder blade. Cyclical breast pain can come back but in about 20–30% of women it will settle down.

This type of pain usually stops after the menopause. However, women taking hormone replacement therapy (HRT) after their menopause can also have breast pain. Pain can also be associated with starting to take or changing contraception that contains hormones.

What is Non-cyclical breast pain?

Non-cyclical breast pain is breast pain that isn't linked to the menstrual cycle. It may be continuous or come and go and can affect women before and after the menopause.

It's often unclear what causes non-cyclical breast pain. It can be related to a benign breast condition, previous breast surgery, injury to the breast, having larger breasts or it can be a side effect from a drug treatment – for example, certain anti-depressant drugs and some herbal remedies (such as, ginseng). Stress and anxiety can also be linked to breast pain.

The pain can be in one or both breasts and can affect the whole breast or a specific area. It may be a burning, prickling or stabbing pain, or a feeling of tightness. Non-cyclical breast pain tends to settle down by itself in about 50% of women.

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What is Chest wall pain?

Chest wall pain (also known as extra-mammary pain – meaning outside the breast) refers to pain that feels like it's coming from the breast, but actually comes from elsewhere. For example, this could be from pulling a muscle in your chest which can cause pain in your breast as well as in your chest wall or ribcage (known as musculoskeletal pain) or it may be a referred pain due to another medical condition, such as gallstones.

The pain can be one sided, in a specific area or around a wide area of the breast. It may be burning or sharp and may also spread down the arm and can be worse when you move. The pain can be felt if pressure is applied to the area on the chest wall.

Diagnosis

Your GP (local doctor) will examine your breasts and take a history of the type of pain you have and how often it occurs. To check how long the pain lasts for and how severe the pain is or if the pain is linked to your menstrual cycle, they may ask you to fill in a simple pain chart.

If your GP thinks you may have non-cyclical breast pain or chest wall pain, they may ask you to lean forward during the examination. This can help them assess if the pain is within your breast or in the chest wall. Your GP may refer you to a breast clinic where you'll be seen by specialist doctors or nurses for a more detailed assessment.

Treatment

Cyclical and non-cyclical breast pain

If any treatment is needed, the treatment options for cyclical and non-cyclical pain are often the same. However, non-cyclical pain isn't always as easy to treat.

If you have cyclical breast pain, your GP may reassure you that what you're experiencing is a perfectly normal part of your monthly cycle.

Diet and lifestyle changes

Your GP may suggest some things you can try which might help to reduce pain, but there is limited evidence to show these work. These include eating a low-fat diet and increasing the amount of fibre you eat.

Your GP may also recommend reducing caffeine and alcohol, which some women find helpful in reducing breast pain.

Wearing a supportive and well-fitted bra, during the day, during any physical activity and at night can be helpful.

Some women have found relaxation therapy, such as relaxation CDs or apps, or other complementary therapies like acupuncture and aromatherapy – useful in reducing their symptoms of cyclical breast pain.

If your pain started when you began taking a contraceptive pill, changing to a different pill may help. If the pain continues, you may want to try a non-hormone method of contraception such as condoms or a cap (diaphragm).

If your pain started or increased while taking HRT and doesn't settle after a short time, you should discuss this with your GP or specialist.

There is evidence that having low levels of an essential fatty acid called gamolenic acid (GLA) can contribute to cyclical breast pain. However, research has shown that taking additional GLA does not help the pain. Despite this, your GP may suggest that you buy evening primrose or starflower oil (which contain GLA), as some women have found it helps them feel better generally. Your GP will advise you how much to take and for how long.

Evening primrose oil doesn't usually cause any side effects, but a few people may feel sick, have an upset stomach or get headaches. It's best not to take it if you're pregnant or trying to get pregnant. People with epilepsy are usually advised not to take evening primrose or starflower oil.

Anti-inflammatory medicines

Research has shown that non-steroidal anti-inflammatory pain relief can help breast pain, particularly non-cyclical pain. Non-steroidal anti-inflammatory treatment (for example ibuprofen) applied directly to the affected area as a gel can help. It can also be taken as a tablet. However, before using this type of pain relief you should be assessed and get advice from your doctor on the correct dose, how long you should use it for an any possible side effects, especially if you have asthma, stomach ulcers or any problem related to your kidneys.

Hormone drugs

If your pain is severe, prolonged and hasn't improved with any of the options already mentioned, your doctor may want to consider giving you a hormone-suppressing drug. The drugs that are most commonly used to treat breast pain are danazol and tamoxifen. These drugs have side effects, so will only be recommended after a discussion about the benefits and potential risks.

If you're prescribed one of these drugs, your specialist will advise you on what dose to take and for how long. There's some evidence to suggest that younger women may benefit from a short course of treatment, which can be repeated as necessary, whereas older women who are near to (or going through) the menopause may benefit from a longer course of treatment.

Danazol

Only danazol is currently licensed to treat breast pain. It works by blocking certain hormones produced during the menstrual cycle. Its side effects can include periods stopping (amenorhoea), weight gain, acne, facial hair growth and changes to the voice, however you may not experience any of these.

Tamoxifen

This drug is not licensed to treat breast pain and is commonly used to treat breast cancer. Research has shown it's also effective in the treatment of cyclical breast pain so it's sometimes used for this. Tamoxifen works by blocking the hormone oestrogen.

If you're taking either of these drugs they can make hormone-based contraception, such as the contraceptive pill, less reliable. You may want to use barrier methods of contraception such as condoms or a cap (diaphragm) instead. You shouldn't take these drugs if you're pregnant or trying to get pregnant, as they can be harmful to the unborn baby.

Chest wall pain

Treatment for chest wall pain will depend on what's causing it. If it's found that your breast pain is caused by something like a pulled a muscle in your chest, this is likely to improve over time and can be treated with pain relief.

Chest wall pain can also affect the area under the arm and towards the front of the chest and this may be due to:

- costochondritis - inflammation of parts of the ribs (called costal cartilages)
- Tietze's syndrome - inflammation of the costal cartilages and swelling.

Your GP or specialist may be able to tell that the costal cartilages are painful if pressure is put on them. Sometimes this inflammation can feel similar to heart (cardiac) pain. You may feel tightness in the chest and a severe, sharp pain. The pain may also spread down the arm and can be worse when you move.

You may find it helpful to rest and avoid sudden movements that increase the pain. Pain relief such as paracetamol or a non-steroidal anti-inflammatory (either as a cream, gel or tablet) may help.

Your specialist may suggest injecting the painful area with a local anaesthetic and steroid. NHS choices has more information about costochondritis and Tietzes syndrome: **www.nhs.uk**

Smoking can make the inflammation worse, so you may find that your pain lessens if you cut down or stop altogether.

Referred pain from other medical conditions, such as angina (tightness across the chest) or gallstones, may be felt in the breast. Your GP or specialist will advise you on the most appropriate treatment.

What this means for you

Breast pain can be very distressing, and many women are anxious that they may have breast cancer. In most cases breast pain will be the result of normal changes that occur in the breasts. Even though you may feel reassured that your breast pain is normal and you don't have breast cancer, the pain often remains. This can be upsetting, especially if your doctor can't tell you the exact cause of your breast pain.

Women affected by breast pain may feel many different emotions, for example fear, frustration or helpnessness. Although understanding more about your breast pain will not cure it, it may help you get back some control over your life.

Having breast pain doesn't increase your risk of breast cancer. However, it's still important to be breast aware and go back to your GP if the pain increases or changes, or you notice any other changes in your breasts.

Pain chart

This chart is intended to help you and your GP or nurse to see when your breast pain occurs. Record the amount of breast pain you experience each day by shading in each box as shown. For example, if you get severe breast pain on the fifth day of the month then shade in completely the square under 5.

For premenopausal women please note the day your period starts each month with the letter P.

Severe **Mild** **None**

Month:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Month:

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