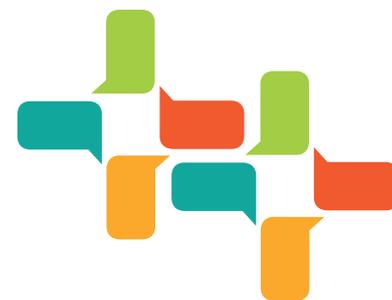


Fact Sheet

Breast pain - mastalgia



Breast pain, also known as mastalgia, is a common symptom which women may experience at different times in their lives. Many women worry that pain in their breasts is caused by breast cancer. Breast cancer rarely causes breast pain, however a thorough history-taking and examination by your health professional, and possibly some further tests, may be required to be sure that breast cancer is not the cause of the pain.

There are two main types of true mastalgia – cyclical and non-cyclical. Pain that is felt in the breast can also originate from elsewhere in the body, for example the chest wall. This causes referred pain which is felt in the breast. If you are experiencing any sort of breast pain talk to a health professional about it, especially if it is severe or affecting your daily life. For example, if it is interfering with physical, sexual, social or work-related activities.

Cyclical breast pain

Cyclical breast pain is linked to the menstrual cycle and fluctuating hormone levels during the cycle. Many women have some breast discomfort for a few days before their period. However for some women this can be more severe and/or prolonged where the pain develops for one to two weeks before a period. This then lessens and settles during the period. Approximately two thirds of women with breast pain have this type of pain.

Cyclical breast pain:

- occurs in premenopausal women
- typically affects women in their 30s-40s
- usually starts in the second half of the menstrual cycle, increases until the period begins, then settles
- usually involves the upper outer breast area radiating to the underarm
- can be spread over both breasts, but may be more severe in one breast
- is often described as 'dull', 'heavy' and 'achy'
- usually settles during pregnancy and menopause.

Non-cyclical breast pain

Non-cyclical breast pain is not related to the menstrual cycle. There are a number of causes including infection and benign breast lumps. Sometimes the pain originates from the breast tissue in one or both breasts in the absence of any physical cause.

Non-cyclical breast pain:

- is not associated with the menstrual cycle
- can be either constant or intermittent (comes and goes)
- affects approximately one third of women with breast pain
- usually affects women in their 40s-50s
- tends to be one-sided and localised within one section of the breast
- is often described as 'burning', 'drawing', 'achy' and 'sore'.

Chest wall/musculoskeletal pain

The nerves that supply sensation to the breast leave the spinal cord at the upper part of the thoracic spine, run around the outside of the chest wall and then up into the breasts. Therefore irritation of these nerves anywhere along their course can lead to pain that is felt in the breast or nipple. Causes include shingles, costochondritis, and pneumonia.

Chest wall pain tends to be:

- one-sided
- brought on by activity
- experienced at the extremities of the breast
- reproduced by pressure on a specific area of the chest wall.

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How to manage breast pain

Although breast pain is not usually a sign of breast cancer you should see your health professional so that they can assess you and address any concerns that you may have. The treatment options for breast pain need to be chosen for your situation.

You may be asked:

- how long you have had the pain, and what the pain is like
- exactly where in your breast the pain is
- how the pain affects your life
- when the pain occurs in relation to your periods
- your menstrual history
- your family history and your general health history
- what medications you are using
- if you have noticed a difference in the way your breasts look and feel, or detected a lump.

The next thing that your health professional will do is examine your breasts, both visually and by carefully palpating the breasts and then decide whether to send you for further tests. They may also ask you to keep a pain chart (see example below) for at least two months so that they can get an accurate idea of when you have the pain and what the pain is like for you. Then your treatment plan can be developed.

Tests

The tests that you may be sent for are:

- a mammogram (an x-ray of the breast)
- an ultrasound.

What might help?

If your symptoms are mild and there is no serious cause identified for your pain you may not require any treatment. The pain may resolve on its own – although it may recur in the future. Simple measures that have been shown to be effective are wearing a well-fitting sports bra and painkillers such as paracetamol or non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen. There is also evidence that topical NSAIDs (such as diclofenac gel) are of benefit in both types of breast pain as well as chest wall pain and have very few side effects.

If you have ongoing pain despite these measures you should consult your health professional again to discuss referral to a specialist. There are other hormonal medications which have been found to be effective in the treatment of breast pain, but they also have some significant side effects so are only prescribed by specialists.

Treatments which are not recommended due to lack of evidence:

- evening primrose oil
- vitamin A, B6 or E
- narcotics such as codeine, morphine
- diuretics
- dietary changes such as reducing caffeine or fat.

There is no evidence that stopping or changing the combined oral contraceptive pill has any effect on breast pain. When breast pain occurs in women starting oral contraceptives it often resolves after a few months. With menopausal hormone therapy there are no studies regarding its effect on breast pain, but suggested management includes discontinuing HRT if appropriate or trying a low dose and increasing slowly.

Breast awareness

It is important for all women to become aware of how their breasts usually look and feel, so that if there are any changes, you can see a health professional as soon as you notice a difference. Please see our fact sheet *Breast awareness and common breast problems* for more information. http://www.fpnsw.org.au/breast_awareness_fs_2.pdf

Remember, if you are experiencing breast pain, consult a health professional.

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Pain chart

Mark the chart every day with the symbol that represents your pain (see symbols below), and mark on the chart in red the beginning and end of your period.

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	0 = no pain + = mild pain x = severe pain				

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
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	28	29	30	31	0 = no pain + = mild pain x = severe pain				

For more information

- Contact the Family Planning NSW Talkline on 1300 658 886 or go to www.fpnsw.org.au/talkline
- National Relay Service 133 677
- Visit your nearest Family Planning NSW clinic (www.fpnsw.org.au/clinics) or your local GP

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