

Breast Pain

Up to 8 out of 10 women will have breast pain at some point in their lifetime. It occurs most often between the ages of 30 and 50. For some women, it will occur after menopause. Breast pain can be “severe” in 1 out of 5 women. This pain is **rarely** a sign of cancer. Most breast pain will resolve on its own without any treatment.

Types of Breast Pain

Your provider will be looking to see whether the pain is:

- Cyclical (changes with your menstrual cycle) or non-cyclic
- Associated with the chest wall (muscle) or the breast tissue itself
- Involves both breasts or just one
- In just one spot in the breast or if the pain spreads to most of the breast or to the entire breast
- Constant or only occurs once in a while
- Long lasting versus only a short time

Causes of Cyclical Pain

- Fibrocystic breast tissue
- Hormones from birth control
- Hormone replacement therapy

Causes of Non-cyclical Pain

- Prescription medicine
- Poor fitting bra
- Stress
- Smoking
- Caffeine
- Other benign breast conditions (duct ectasia, fibroadenoma, etc.)
- **Rarely** breast cancer

Fibrocystic Breast Tissue

Fibrocystic breast tissue is a common cause of cyclical breast pain. Many women have fibrocystic breast changes at some point in their lives. Having fibrocystic breast tissue

does not increase your risk of getting breast cancer.

Women with fibrocystic breast tissue may notice that their breasts feel “lumpy” or “ropy”. The lumps may seem to change in size with the menstrual cycle. This may cause the breasts to become tender or painful just before a period, with some relief after. The symptoms may also become worse around menopause. These changes may be caused by hormones. After menopause these symptoms resolve.

Symptoms of Breast Cancer

- Pain limited to a small area of the breast
- Constant pain over a long period of time (weeks)
- A mass in the breast
- Changes in the skin of the breast
- Discharge from the nipple

Breast Imaging

Your provider will assess your risk of breast cancer and decide if you need an ultrasound or mammogram. They will base this on your history, physical exam, family history of breast cancer, and age.

Ways to Manage Breast Pain

Lifestyle Changes

- Wear a well-fitting supportive bra (sometimes underwire bras can cause pain)
- Keep a pain diary to watch for a pattern to see when pain develops (this may be related to your menstrual cycle, caffeine intake, food, etc.)
- Reduce or stop caffeine intake (such as coffee, tea, colas, chocolate, etc.)
- Eat less processed fat

- Eat a high fiber diet, which may help reduce estrogen levels and improve symptoms
- Stop smoking
- Reduce stress

Pain Medicines

- Tylenol® for mild cyclic pain
- Ibuprofen or Aleve® for more severe pain (take every day for 4-6 weeks and follow the directions on the bottle)

Supplements

Supplements are safe for most people. If you have any questions about whether these are safe for you to take, please contact your primary care provider.

Vitamin E:

- Dosing: 800 units daily.
- Take for up to 6 months.
- Side effects may include:
 - Nausea
 - Diarrhea
 - Fatigue
 - Headache
 - Bleeding

Vitex agnus-castus (chasteberry):

- Dosing: 20-40 mg per day
- Take up to 3 months
- Side effects may include:
 - Diarrhea
 - Fatigue
 - Headache
 - Insomnia
 - Irregular periods
 - Nausea
 - Skin irritation
 - Stomach pain
 - Vomiting

Evening primrose oil: There are many forms of evening primrose oil (EPO). Review all medicines with your doctor before starting. Stop evening primrose oil before having anesthesia. **Do not** use if there

is a chance you could become pregnant or are breast feeding.

- Dosing: 1-3g of EPO, 1-6 capsules of EPO, or 240-320mg of GLA (Efamast®, Efamol®) by mouth 1-3 times daily
- Take until the breast pain goes away, or for up to 6 months
- Side effects may include:
 - Bloating
 - Low blood pressure
 - Increased bleeding risks when combined with prescription medicines or other supplements

Flaxseed:

- Dosing: 2-4 Tbsp each day
- Take for as long as it seems to be helping
- Side effects may include:
 - Bloating
 - Diarrhea
 - Upset stomach
 - Gas
 - Nausea and vomiting

Prescription Medicines

If other treatment options fail, there are some prescription medicines you can try.

Topical diclofenac: This is a non-steroidal medicine (like ibuprofen) that comes in the form of a gel. Most people who take this have few side effects. Contact your provider if you start to have side effects.

- Dosing: Apply to affected area as directed
- Use until breast pain goes away, or up to 3 months
- Side effects may include:
 - Swelling of the ankles, feet, or hands
 - Sudden/unexplained weight gain
 - Signs of kidney problems (such as change in the amount of urine)

Tamoxifen: A medicine that works by interfering with the effects of estrogen in the breast tissue.

- Dosing: 5-10 mg once daily
- Take for 3 months and up to 6 months, if it is working
- Side effects may include:
 - Hot flashes
 - Irregular periods
 - Vaginal dryness
 - Moodiness
 - Blood clots (less common)

Chest Wall Pain

Pain in the muscles and bones of the chest are a common cause of chest pain.

Costochondritis is the most common type of chest wall pain. It affects the connection between the ribs and the breastbone.

Causes of Chest Wall Pain

Chest wall pain can be caused by inflammation, repetitive movement, lots of coughing, or injuries. It also can be related to conditions like fibromyalgia and arthritis.

Ways to Manage Chest Wall Pain

In some women, chest wall pain will mimic breast pain. To manage chest wall pain, try:

- Stretching exercises
- Heating pads or cold packs
- Tylenol® or ibuprofen

If the pain doesn't go away, talk with your primary care provider, or see a chiropractor and physical therapist.

When to Call

Tell your health care provider about any new change in your breast tissue. Breast tissue changes can include:

- A change in skin color or texture, skin puckers, or dimples
- A change in how the nipple looks (change in direction, inversion, elevation, discharge)
- Sudden size increase of one breast
- A single lump that does not feel like the rest of the breast tissue or gets bigger over time
- Finding a new lump or thickening in the breast tissue that does not go away after your period
- If a lump keeps growing

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 6/2022 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4218.