

Breast Pain

Up to 8 out of 10 women will have breast pain at some point in their lifetime. It occurs most frequently between the ages of 30 and 50. For some women, it will occur after menopause. This 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.

What is the most likely cause of my breast pain?

Your provider will consider whether the pain is:

- Cyclical (changes with your menstrual cycle) or non-cyclical
- Associated with the chest wall (muscle) or the breast tissue itself
- Involves both breasts or just one
- Just one spot in the breast or if the pain spreads to most of the breast or to the entire breast
- Constant, versus only occurring once in a while
- Persistent (lasts for a long time) versus only a short time

Your provider will also assess your risk of breast cancer by asking about your personal history as well as your family history.

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

Do I need any breast imaging to find out what is causing my breast pain?

Your provider will decide if you need a mammogram or ultrasound based on your history, physical exam, family history of breast cancer, and age.

Does my breast pain mean that I have breast cancer?

It is very rare. For most women, their breast pain is not related to cancer.

Possible Signs or Symptoms of Breast Cancer

- The pain is limited to a small area of the breast
- Pain is constant over a long period of time (weeks)
- There is a mass in the breast
- There are changes in the skin of the breast
- Discharge from the nipple

Fibrocystic Breast Tissue

This is one of the most common causes of cyclical breast pain. Many women have fibrocystic breast changes at some point in their lives.

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 the monthly period, with some relief after. The symptoms may also become worse around menopause. These changes may be caused by hormones. After menopause many of these symptoms go away.

Does having fibrocystic breast tissue increase my risk of breast cancer?

Having fibrocystic breast tissue does **not** increase your risk of getting breast cancer.

Pain Relief

To help relieve breast pain:

- Wear a well-fitting support bra.
- Keep a pain diary. Watch for a pattern to when the pain develops, such as a relationship with your menstrual cycle, caffeine intake, food, etc.
- Try Tylenol for mild cyclic pain.
- 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.

If the pain is moderate to severe and is constant, you may try oral ibuprofen instead of Tylenol. Take this every day for 4-6 weeks. Follow the directions on the bottle.

Supplements

Evening primrose oil may reduce breast pain for some women when taken by mouth.

Do not use this if there is a chance you could become pregnant or are breast feeding. There are many forms of evening primrose oil (EPO) available. Review all medicines with your doctor before starting. Stop evening primrose oil prior to having anesthesia.

Dosing options: 1-3g or 2.4mL of EPO, 1-6 capsules of EPO, or 240-320mg of GLA (Efamast[®], Efamol[®]) by mouth 1-3 times daily.

Side effects:

- Bloating
- Low blood pressure or increased bleeding risk when combined with prescription medicines or other supplements

Length of treatment: You can take evening primrose oil until the breast pain goes away or for up to 6 months.

Flaxseed has been shown to reduce breast pain for some women.

Dosing: 2-4 Tbsp each day.

Side effects:

- Bloating
- Gas
- Nausea
- Abdominal pain
- Constipation
- Diarrhea

Length of treatment: Flaxseed can be taken for as long as it is being effective.

Prescription Medicines

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

Topical diclofenac is a non-steroidal medicine (like ibuprofen) that comes in the form of a gel. You can apply it directly to the breast to help with pain.

Dosing: Apply 2 gm to painful area up to 4 times daily

Side effects: Most people who take this medicine have few side effects. You should let your provider know if you develop:

- Swelling of the ankles, feet, or hands
- Sudden/unexplained weight gain
- Signs of kidney problems (such as change in the amount of urine)

Length of treatment: You can use this until breast pain goes away or up to 3 months.

Tamoxifen is a medicine that works by interfering with the effects of estrogen in the breast tissue.

Dosing: 5-10 mg once daily

Side effects:

- Hot flashes
- Irregular periods
- Vaginal dryness
- Moodiness
- Blood clots (less common)

Length of treatment: Initial treatment could be tried for 3 months and renewed for up to 6 months if it is helping alleviate the breast pain.

When to Call

Tell your health care provider about any new change in your breast tissue. It is most likely that nothing will be wrong, but you should still report this to your health care provider right away. These 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 continues to grow.

