

# Breast pain



## **How common is breast pain?**

Breast pain is common – two out of three women experience it at some time in their lives. Like any other breast problem, it can be worrying, but most breast pain can be treated and has nothing to do with cancer.

There are two types of breast pain: it may be related to your menstrual cycle (cyclical breast pain) or unrelated to your cycle (non-cyclical breast pain).

## **Why does cyclical breast pain occur?**

The hormones that control your period influence breast tissue. From the time of ovulation, generally halfway between periods, your hormone levels build up and then fall rapidly once your period starts. Some women's breast tissue is more sensitive even though their hormone levels are normal. Therefore, in the few days leading up to the period, many women feel discomfort in their breasts. Sometimes this can be severe enough to interfere with personal relationships such as hugging partners and children.

Until recently the cause of breast pain was something of a mystery. Most women with breast pain have normal levels of circulating hormones. It is now accepted that the problem is abnormal sensitivity of breast tissue to normal hormone levels.

This increase in sensitivity is linked with the pattern of fatty acids in the blood stream. Fatty acids are substances present in all fats and oils which can affect the way the body responds to its own hormones. Women with breast pain often have low levels of a fatty acid called gamma-linolenic acid (GLA). Low levels of GLA are not usually caused by dietary deficiencies but by an inefficient conversion process in the body. Pain can sometimes be linked to starting the contraceptive pill or taking certain herbal remedies, antidepressant drugs or stress. Cyclical pain may affect only one or both breasts.

## **What can I do about cyclical breast pain?**

Make sure your bra fits correctly. Go along to a specialist fitter to make sure the bra fits and supports you properly. Many large department stores have a specialist bra-fitter who can advise you. There is evidence that increased breast sensitivity is related to the balance between saturated and unsaturated fats, so adjusting your diet by reducing animal fats (such as butter, cream, and fatty

meat) and increasing your intake of fresh fruit and vegetables can be helpful. Reducing your intake of caffeine, chocolate and red wine may also help, as may reducing or stopping smoking.

If you have tried all of these measures and are still getting breast pain, go to see your doctor.

### **What should I tell the doctor when I visit?**

Tell your doctor where and when you get the pain, how severe it is, and how it affects your life.

### **What will the doctor do for my breast pain?**

In order to reassure you that your breast pain is caused by tissue sensitivity to hormones, your doctor will want to examine your breasts to make sure there are no lumps, and he/she will give you a monthly chart to fill out to see if your pain is associated with your periods. A chart has been included at the back of this leaflet for your use.

It is helpful to keep a pain chart over several months, marking the days when you have pain and whether the pain is mild or severe. If you also record when your period starts, you will soon see if there is a pattern. This is important because treatment of pre-menstrual pain can be different to that for random breast pain. Even if you have had a hysterectomy but kept your ovaries, it is still important to fill in a pain chart, despite not having periods, as a pattern may be established.

### **What can help my cyclical breast pain?**

**Gamolenic acid (GLA)** This is found in borage/starflower/evening primrose oil. It is the simplest and probably the best non-hormonal agent to try first. It has been shown to reduce cyclical breast pain in over 70% of women. It needs to be taken in adequate quantities right through your cycle, and it may be up to 6 months before you feel the full benefit. The recommended daily dose of gamolenic acid is 240 - 320mg per day. Do check the level of GLA in any product you buy as the amount will vary.

If three months of therapy does not help, talk to your GP. Treatment with GLA oil should overcome inefficient production of gamolenic acid in the body and

raise levels of polyunsaturated fatty acids, therefore relieving breast pain. Fewer than 5% of women will experience minor side effects such as nausea or an upset stomach. If nausea persists despite taking GLA with food, try breaking the capsule and dabbing the contents onto your skin where it will be quickly absorbed.

## **What can a doctor prescribe for cyclical breast pain?**

There are prescription medicines that your doctor may consider you need. Some women gain relief by taking simple painkillers, such as paracetamol or ibuprofen (which works better when applied as a cream or gel), but they are usually only of value in milder cases. There are some hormone prescriptions that work quickly but may have undesirable side effects:

**Danazol** – This counteracts your own hormones. Usually 100mg per day will relieve pain in the first cycle. If it does not, the dose can be doubled, although you would need to be aware of possible side effects such as weight gain, nausea, oily skin, facial hair, loss of periods and deepening of the voice. After three cycles, you may be able to reduce the dose to one tablet taken on alternate days, or just taken in the second half of your cycle.

Danazol should not be combined with the Pill, but it is important to avoid pregnancy during treatment. Remember to use barrier methods of contraception, unless you have been sterilised or already have a coil fitted. Danazol must not be taken if you are pregnant.

**Tamoxifen** – Tamoxifen works by reducing the amount of oestrogen. Side effects include menopausal symptoms such as hot flushes and night sweats. Some women may experience indigestion or nausea, headaches, vaginal irritation and dryness or discharge, or irregular periods. Leg cramps at night and weight gain may occur. There is also a risk of deep vein thrombosis (blood clots in the leg). It is not currently licensed for treating breast pain but may be prescribed by a specialist at a breast clinic.

**Goserelin** – This drug is also not currently licensed for breast pain, but there is evidence to show that it may improve cyclical and non-cyclical breast pain. It works by temporarily stopping your ovaries from producing oestrogen, which results in a temporary and reversible menopause. Whilst having treatment you

will need to be monitored carefully for any side effects such as hot flushes and sweats.

Treatment with hormones is usually continued for six months and many women taking them will need no further treatment. Using a pain chart will also help you and your doctor to determine how well the treatment is working.

## **Surgery**

This is not a treatment for breast pain.

## **Why does non-cyclical pain occur?**

Often the causes of non-cyclical breast pain are not known. There may be:

- true breast pain – which comes from the breast itself but the pain is not linked to your periods
- extramammary pain (also called musculoskeletal pain) – which is felt in your breast but is actually coming from somewhere else, such as your muscles, bones or joints
- pain related to non-cancerous breast conditions, previous breast problems or surgery, or other conditions unrelated to your breasts
- trigger points within the breast that cause the pain.

## **What can I do about non-cyclical breast pain?**

True non-cyclical pain can be difficult to treat. Wearing a good fitting supportive bra day and night may help, as may reducing caffeine, red wine and chocolate intake. Try increasing the amount of fresh fruit and vegetables that you eat and consider taking evening primrose oil under the direction of your doctor. Reducing or stopping smoking will also be helpful.

## **What will the doctor do for my non-cyclical breast pain?**

Your doctor will take a detailed history of how often you have the pain and what it is like. You may be asked to complete a pain chart (there is one at the back of this booklet). The doctor will then examine your breasts and may ask you to lean forwards during the examination to allow your breasts to fall away from your chest. You may be asked to lie on your side so that the chest wall can be felt. You may also be referred for further tests or treatment.

## **What can help my non-cyclical breast pain?**

You may find ibuprofen used as a gel or a cream to be effective (it is also available in tablet form). It is best used under the advice of your doctor so that you can be assessed and advised of the correct dose and length of treatment. It may take a while to find what works best for you, including practical things that are relevant to your lifestyle.

If the pain is coming from somewhere else it may have a trigger point, which can be injected with local anaesthetic and a steroid. Sometimes the joint between the front end of a rib and your breastbone may become inflamed and painful; this is called Tietze's syndrome or costochondritis. The pain may feel like heart pain and be quite sharp and severe, even spreading down the arm and worse when you move. An injection as described above is usually recommended for this. It is thought that smoking makes the inflammation worse so cutting down or stopping smoking completely may improve your pain. Pain may also come from other conditions such as angina or gallstones, so treatment of these conditions will improve the breast pain.

## **OTHER COMMON QUESTIONS**

### **What is breast awareness?**

It makes sense to be aware of your breasts and to know what is normal for you. Each breast contains 15-20 clusters of glands designed to produce milk. Channels from each gland join together (a bit like a bunch of grapes) and each cluster has a main duct that opens at the nipple. The glands are embedded in fatty tissue that gives the breast its individual shape; usually women can feel the glands within their breasts.

By regularly checking your own breasts, you become aware of what is normal for you throughout the month. Familiar lumps and bumps that do not change over the months are not a cause for concern. Thin people will be able to feel their ribs behind the breast tissue. If you are in any doubt about any particular area of your breast, check your other breast, and if the lumpiness is the same in both breasts, all you need to do is check them again the following month. The best time to check your breasts is a few days after your period. If you don't have periods, check your breasts during the first week of each month.

To check your breasts, stand in front of a mirror with your clothes removed, and raise your arms above your head. Look for any new difference in size or shape of the breasts, any puckering of the skin or alteration of the nipple. Then lie down and with a flat hand, feel over the whole surface of both your breasts, feeling for anything which is different from last time (some women find this easiest to do in the bath using a soapy hand). Also check up into your armpit.

Breast tissue does tend to get smaller after the menopause, but this is usually very gradual. Much of your breast is made up of fatty tissue, and will reflect your general body contours.

### **If I have pain, can it mean that I have got cancer?**

Breast pain can be very distressing and many women are anxious that they may have cancer. In most cases the pain will be a result of normal changes that occur in your breasts. If the pain affects both breasts (particularly if you are under 35), and the pain occurs before your period, or if both breasts feel the same and there are no lumps, then cancer is very unlikely.

While you may feel relief to know that it is not cancer, if you still have pain it can be upsetting if your doctor cannot give you a reason for it. You may feel many different emotions including fear, frustration and helplessness. These are normal reactions and whilst understanding more about your pain does not cure it, you may be able to change the way you cope and get back control over your life.

Having breast pain does not increase your risk of breast cancer. However, if the pain is one-sided, or if you are over 35, or you develop a lump, go back to your doctor to be checked. A painful lump may be an early breast cancer but is much more likely to be a cyst.

### **Breast pain chart**

Your doctor is investigating the pain or discomfort you feel in your breasts. It is important to know whether or not your symptoms are related to your periods.

Please record information carefully on these charts for 3 months - and then make an appointment to see your GP again.

Remember to bring the charts with you.

## How to fill in the charts

- 1 Start filling in the chart today.
- 2 Each day please mark whether you have bad pain, no pain, or just a little pain, using the symbols shown.

Mild pain     
  Severe pain     
  No pain

- 3 Put a P in the space provided on the day your period starts.
- 4 When you reach the end of the month, start a new chart.

Name ..... Month .....

Date	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	
Pain?																																
Period start?																																

Month .....

Date	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	
Pain?																																
Period start?																																

Month .....

Date	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	
Pain?																																
Period start?																																

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