



PATIENT LEAFLET – BREAST PAIN

Breast pain provokes anxiety for many women but it is a common breast problem. It can often affect just 1 breast or 1 part of 1 breast, and often radiates into the armpit or even down the arm. It is rarely a sign of breast cancer. In fact, very few breast cancers are accompanied by pain. Breast pain and tenderness can be a very normal part of a woman's life, particularly when she:

- Is lactating (producing milk to feed her baby)
- Just before a period
- Is premenopausal
- Is pregnant
- Is going on or off of hormone replacement therapy or birth control pill

Breast pain is generally split into cyclical and non-cyclical pain

CYCLICAL BREAST PAIN

Cyclical breast pain (70% of cases) tends to start about 1 week before your period is due and ease off after the period. There are theories that this is associated with deficient progesterone levels in this part of the monthly cycle, raised prolactin levels or differential breast responses to normal fluctuating hormone levels. It can often be helped with good bra fitting, use of ibuprofen or voltarol gel rubbed into the tender area or prescription medication in extreme cases. There is some suggestion that VERY Low fat diets may help but only 2 trials suggest this and these diets are often difficult to tolerate.

Some women find high dose evening primrose oil (3000mg daily for 3 months) helpful but the evidence supporting this is not strong and there is a possibility that some of the effect is a placebo effect.

NON-CYCLICAL BREAST PAIN

Non-cyclical breast pain (30% Of cases). This is more common in larger breasts and more common in those who exercise (>1/3 of women running the London Marathon). It often has a poor response to medical treatment but often resolves spontaneously after a variable period of time) – it can be due to:

- Breast problems- breast cysts; periductal mastitis; fat necrosis; Mondor's syndrome; diabetic mastopathy or related to a simple lack of support for the suspensory ligaments of the breast
- Problems in the underlying chest wall - such as minor muscle trauma; chondrochondritis (viral inflammation where the bony part of the ribs meet the rib cartilages near to the breast bone (sternum)); rib fracture; arthritis in the back with nerve root irritation; nipple irritation from surfing or running.
- Problems within the chest (in the underlying lung; heart problems; indigestion; acid reflux)
- Medication- statins; theophylline; HRT in post-menopausal women
- Post surgical breast pain- increasingly recognised in breast cancer survivors both in ladies who have had a mastectomy or a clearance of the lymph nodes in the armpit or after radiotherapy to the breast or chest wall.

Rachel and her team can help you to understand the cause of your breast pain and ensure that any underlying breast problems are dealt with. This may just require a clinical examination but some ladies may also be recommended to have a mammogram if over 40 years of age or a breast ultrasound scan. Our breast care nurse can also advise you on proper bra fitting and we can discuss various means of alleviating your breast pain.

70% of women wear the wrong bra—too tight or too loose—and this can create breast pain, as the breast tissue is unsupported throughout the day. It is important to be properly fitted for a bra so you wear the right size.