

Breast Pain (Mastalgia)

Information for patients



Introduction

Breast pain is very common in women of all ages and can be safely managed without the need for specialist input, if there are no other concerning symptoms. Having painful, sore or tender breasts can cause a lot of anxiety, and many women worry that they may have breast cancer.

There are many reasons breasts can be painful, however breast pain by itself does not increase the risk of finding a cancer in the breast when we compare with women who do not have breast pain. Studies show that breast pain often settles with 3-6 months. It is common for breast pain to recur in the future and when this happens, the symptoms again, usually settle within a few months.

Symptoms

Pain can occur in one or both breasts, it can also spread to the armpit, down the arm and to the shoulder blade. It can be a dull, continuous, ache. Or, it can be a sharp, shooting pain. The pain may come and go each month. Or, it may last for several weeks or even months and can range from mild to severe.

Types of breast pain

Cyclical - many women experience breast pain as part of their normal menstrual cycle (periods). This is called cyclical breast pain. Cyclical breast pain is linked to changing hormone levels during the menstrual cycle. The pain often goes away once a period starts. This type of pain usually stops after the menopause, though women taking hormone replacement therapy (HRT) can also have breast pain.

Non-cyclical - pain in the breast that's not related to periods is known as non-cyclical breast pain. It's often unclear what causes non-cyclical breast pain. Non-cyclical breast pain may be continuous or it may come and go. It can affect women before and after the menopause.

Chest wall (extra-mammary) - sometimes pain that feels as though it's in the breast is coming from somewhere else, such as a pulled muscle in the chest. This is known as chest wall pain. This is very common.

Self-management for breast pain

There are a number of self-management options that can be used to help reduce breast pain, sometimes with good results. They are:

- **Wearing a well-fitting bra:** this can support painful breasts and keep them from being pulled uncomfortably. Some women find a sports type bra is useful. Some women find wearing no bra is more comfortable. It is worth exploring different options to find what is most comfortable for you.
- **Paracetamol and/or Ibuprofen, or a topical non-steroidal anti-inflammatory preparation:** research has shown that non-steroidal anti-inflammatory pain relief, such as Ibuprofen, can help breast pain. This type of pain relief can be applied directly to the affected area as a topical gel or it can be taken as a tablet.
- **Vitamin E supplements:** studies have shown that Vitamin E can also help to reduce breast pain symptoms if taken regularly for a few months.

- **Evening Primrose Oil:** some women have found that Evening Primrose Oil helps them to feel better generally and studies have shown some benefit in managing breast pain.

This can be bought in most supermarkets and chemists. Up to 3000mg (3g) can be taken daily. We recommend taking this for at least six weeks as the reported benefits are not immediate. This should not be taken if you are pregnant or trying to conceive.

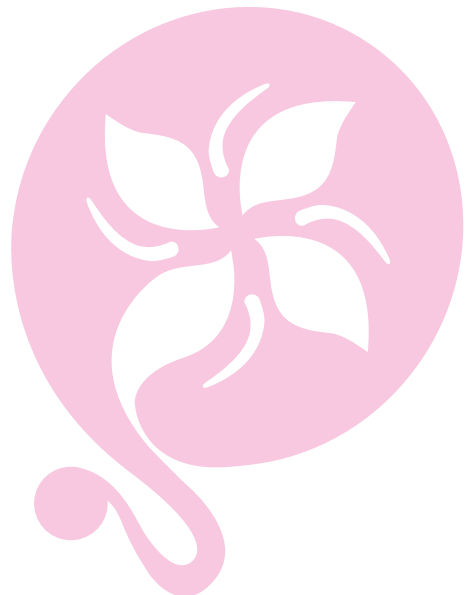
- **Practicing stress relief:** increased stress can affect hormone levels and lead to more discomfort.
- **Exercising:** physical activity decreases oestrogen but it's difficult to tell from studies if it really decreases mastalgia. Wearing a sports bra during exercise is recommended.
- **Reducing caffeine and eating a low-fat diet:** studies are mixed on how well this works, but it may help some women.
- **Keeping a breast pain diary:** this can be a helpful tool especially if you're trying to see a pattern in your symptoms, which is the best way to determine the kind of breast pain you have.
- **Consider an alternative to the oral contraceptive pill or hormone replacement therapy:** for some women, stopping these medications can help to reduce breast pain.

Specialist breast pain clinic

Some women have breast pain that does not settle and they may wish to be seen in a specialist breast pain clinic. The doctor or nurse will ask questions about the breast symptoms and about general health, examine both breasts and armpit areas and examine the chest wall and back.

It is rarely necessary to arrange a mammogram or scan when the only symptom is pain. Women seen in these clinics will be advised on techniques they may not have tried to aim to manage the symptoms. For a small group of women, there can be a role for hormone-blocking medications, such as Danazol or Tamoxifen.

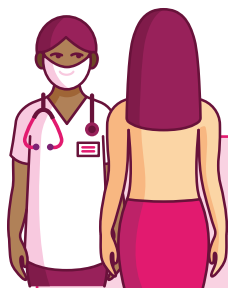
These medications have side effects and risks that mean they are rarely used to manage breast pain but if symptoms are severe, a short course of treatment is often effective and can be prescribed.



Breast Pain Patient Pathway

1. Initial GP appointment

Contact your GP surgery to arrange an appointment to discuss your concerns regarding any breast pain you may have been experiencing.



5. Optional breast clinic appointment

If you would like to come to clinic, you can arrange an appointment by telephone using the number on the patient information letter.

You do not need to attend a clinic but it is available if you have ongoing concerns that you wish to discuss. The breast pain clinic is run by experienced breast clinicians. They will listen to your concerns, ask some related questions and will examine you. It is unusual that you would require a mammogram or ultrasound scan for pain in the breast.

2. GP referral to the Breast Pain Service

Your GP will refer you to the Leeds Teaching Hospitals NHS Trust (LTHT) Breast Pain Service via the NHS e-Referral System (e-RS).



4. Self-management / monitoring

Follow the guidance in the Breast Pain Service patient information pack. We encourage you to try the self-management steps for six weeks before arranging to come to a breast pain clinic.

If we do not hear from you within 12 weeks, we will assume that things have settled and you will therefore be discharged back to the care of your GP.



3. Specialist advice and guidance

LTHT will register your referral on the patient administration system and place you on a holding waiting list for up to 12 weeks.

A Breast Pain Service patient information pack containing specialist advice and guidance will be posted out to you.



Coping with breast pain

Breast pain can be very distressing. Even though you may feel reassured that your breast pain is normal and you don't have breast cancer, the pain often remains. Women affected by breast pain may feel many different emotions, including fear, frustration or helplessness. Although understanding more about your breast pain won't cure it, it may help you to get back some control over your life.

Having severe, long-lasting breast pain can sometimes affect a woman's daily activities which may cause anxiety and, for some, depression. However, this isn't the case for most women and their pain can be helped or managed. Having breast pain doesn't increase your risk of breast cancer however, it's still important to be breast aware and go back to your GP if the pain increases or changes, or you notice any other changes in your breasts.

Symptoms that will need further investigation (please see your GP)

If you notice any of the following changes, please see your GP who can assess you and if necessary refer you into breast clinic:

- A lump or new lumpiness in the breast
- Nipple discharge that comes away spontaneously or that is blood stained
- A change in the shape or contour of the breast, for example a dent
- A change in the appearance of the nipple
- Swelling or redness of the breast



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



© The Leeds Teaching Hospitals NHS Trust • 1st edition Ver 1.0
Developed by: Emma MacInnes, Consultant Breast Surgeon & Rebecca
Glover, Business Manager
Produced by: Medical Illustration Services • MID code: 20220428_009/DG

LN005267
Publication date
08/2022
Review date
08/2024