



## Mastalgia

Mastalgia literally means 'breast pain'. It affects up to 70% of women at some time in their lives. It is so common that it is considered to be a normal function of the body, rather than a disease. Some women, however, can have severe discomfort due to extremes of these normal changes.

Breast pain may be accompanied by breast tenderness, lumpiness, fullness, heaviness or a noticeable increase in breast size.

Breast pain is not usually a sign of breast cancer. You should, however, see your doctor if breast pain is a new symptom for you.



## Breast pain related to your menstrual cycle

Most breast pain varies in its intensity with the menstrual cycle (that is, it is 'cyclical'). This occurs most often in women before menopause, usually in their 20s and 30s. Women report heightened awareness, discomfort, fullness and heaviness in the breasts, increasing progressively from the middle of the menstrual cycle and peaking in the 3–7 days before each period. The pain settles when the period begins. This type of breast pain normally affects the upper outer parts of both breasts, and it is usually described as having a heavy, dragging or aching quality.

Similar pain can also develop in women taking hormone replacement therapy after menopause.

## Breast pain not related to your menstrual cycle

Breast pain that does not vary with the menstrual cycle is called 'non-cyclical.' This pain is more common in older women, often in their 40s. The pain can come and go or may continue without a break. This type of breast pain is often restricted to one breast and to one part of one breast, commonly in the inner part of the breast or under the nipple.

It is often described as having a burning, stabbing or throbbing quality.

Often no cause can be found for this type of breast pain. In some cases it can be caused by benign breast changes such as cysts, fibroadenomas, and age-related changes in the milk ducts under the nipple. Any symptoms such as a breast lump or nipple discharge need to be investigated promptly.

## Chest wall pain

Pain that is felt in the breast does not always come from the breast tissue. Causes of breast pain not related to the breast include chest wall pain from muscles, ribs and ligaments. This pain may occur after an injury or physical activity or it may be unexplained. You may take pain medication such as paracetamol or anti-inflammatory tablets to help relieve the symptoms. Heat treatment and physiotherapy can also help.



## Managing breast pain

### Keep a pain chart

You can use the pain chart on the back of this brochure to record information that will help you and your doctor understand your individual situation. Mapping the pattern of pain will determine whether the breast pain is related to your cycle and on which days relief from the symptoms may be required.

### Wear a well-fitting bra

Breast pain can be reduced by wearing a well-fitting, supportive bra (such as a sports bra), particularly if you are sensitive to movement or your breasts feel heavy. Have a bra specially fitted by trained staff. Under-wire bras are not harmful to the breasts as long as they fit well.

### Diet and vitamin supplements

Changes in your diet and the use of vitamin supplements are always controversial.

There is no strong evidence that specific changes in your diet, such as reducing caffeine intake and the use of supplements such as vitamins B1, B6 and vitamin E improve symptoms, however, some individuals may find them helpful. There is some evidence that vitamin B6 may cause neurological symptoms if taken over a long period of time, especially in very high doses.

Evening primrose oil is helpful for many women. The usual dose is 1000 mg taken 2–3 times daily. Evening primrose oil usually has no side effects although in some women it may cause nausea. It needs to be taken regularly for 2–3 months for best results. It should be taken with food to avoid nausea.

### Pain medication

Simple pain medication such as paracetamol may help to make breast pain less severe. This is of particular benefit for women who get breast pain related to their cycle that is only present for a few days each month. Anti-inflammatory medication, taken by mouth, or in a gel form applied to the breast, may be effective in some women.

### Oral contraceptive pill

Some women with breast pain related to their cycle find that their symptoms improve on a low dose oral contraceptive pill. Other women find that the contraceptive pill makes their symptoms worse. You may wish to discuss a trial or change of the pill with your general practitioner.

### Complementary therapies

Other treatments such as relaxation therapy and acupuncture have been tried, but how they work with standard medical treatments is not yet clear.

### Other medication

When breast pain is so severe that it interferes with lifestyle, hormonal medications such as danazol, bromocriptine and tamoxifen are available.