

Checking Out Your Breast Pain

If you have breast pain, schedule a breast exam with a healthcare provider. It is important to inform your healthcare provider of any new prescription or over-the-counter medications you are taking, including herbal supplements.

Be prepared to:

- Describe the type of pain (sharp or achy)
- Explain where the pain is located in the breast
- Give the frequency of the pain
- Discuss how long you have had the pain
- Rate the degree of pain on a scale from 0 – 10 (0 = no pain and 10 = worst pain experienced)

After a complete history and breast exam, a mammogram and/or ultrasound may be ordered to search for any cause not apparent on the exam.

If the exam and the imaging procedures are negative (no suspicious findings), a search to determine what type of pain you have and how to relieve your pain should be started. If an area of concern is found during testing, a biopsy may be needed to determine the cause or to rule out cancer.

Remember:

A thorough history is the first step to evaluating your breast pain; prepare for your visit to your healthcare provider by gathering the necessary information.

A combination of breast exams, mammography, ultrasound, MRI, blood studies or biopsy may be necessary to arrive at a final diagnosis. Your healthcare provider needs you to be a working partner to help determine the cause of your pain.

You need and deserve a healthcare provider who is dedicated to finding the cause of your breast pain.

BREAST PAIN



“IT’S TIME TO PLACE YOURSELF IN TRAINED HANDS . . . YOUR OWN.”

Breast Pain—Does It Mean I Have Cancer?

Breast pain is women’s most common medical complaint about their breasts. Pain frightens many women because they immediately think of cancer. **The good news is that breast pain is usually not associated with cancer.** In studies of women diagnosed with breast cancer, less than 10 percent had any pain involved. Most breast pain is caused by hormonal or benign breast conditions. However, all breast pain needs evaluation to determine its cause. To assist your healthcare provider, it will be helpful if you understand the different kinds and characteristics of breast pain.

Two Major Types of Breast Pain

- **Cyclical** pain increases or decreases in response to the changes of the female hormones during the menstrual cycle.
- **Non-cyclical** pain does not vary according to changes in these hormones.

Cyclical Breast Pain

Cyclical pain appears to be related to the female hormones estrogen, progesterone and prolactin. Pain related to hormonal changes usually begins at ovulation and increases until the menstrual period begins. After menstruation, the pain decreases. Both breasts are usually involved, but occasionally, one breast will experience a greater degree of pain. Often, the pain is greatest in the upper-outer quadrants (from the nipple back toward the armpit) and sometimes radiates to the armpit and arm. The discomfort is felt throughout the area and is often described as a dull, aching pain, as if the breast were filled with milk. Cyclical breast pain is common among pre-menopausal women. Menopause relieves the symptoms unless a woman takes hormone replacement therapy.

Cyclical Pain Interventions

Wearing a **well-fitted bra** that holds your breasts to the chest wall should be the first intervention for cyclical pain. Sleeping in a sports bra is also helpful. Properly-fitted bras keep the breasts from moving freely and decrease pain.

Some women also seek relief through **dietary changes**. Refraining from or greatly reducing the amount of caffeine (coffee, tea, colas, chocolate) consumed and eating a low-salt diet may provide relief for some women. Supplements, including vitamin E and B-complex, are occasionally recommended by physicians as helpful. Ask your healthcare provider for recommendations about dietary changes and supplements.

Drug Therapy for Cyclical Pain

For some women, **low-dose birth control pills** may relieve cyclical pain by causing the hormones in the body to remain more consistent and balanced throughout the menstrual cycle. However, birth control pills may also stimulate breast pain. If pain starts after birth control pills are prescribed and continues for several months, inform your healthcare provider. The dosage may need to be changed.

- **Danazol**, a male hormone drug, may be prescribed for very painful breasts not relieved by other methods of treatment. It is effective in altering the balance of female hormones, but some women avoid taking the drug because it is expensive and because it can cause unwanted masculine side effects, such as the growth of facial hair.
- **Bromocriptine**, a drug that blocks the hormone prolactin (which stimulates breast milk production), may also reduce breast pain.

Drug Therapy for Cyclical Pain(continued)

- **Progesterone**, one of the major premenopausal female hormones, is also used to reduce pain. When estrogen levels are too high and out of balance with progesterone (called estrogen dominance), pain may occur. Progesterone cream, sublingual (under the tongue) lozenges or pills can correct the deficiency in progesterone. Natural progesterone prepared by a compounding pharmacist appears to be the most effective. Many women report reduction in breast pain after taking progesterone.

Noncyclical Pain

Noncyclical pain differs from cyclical pain in that it has no relationship to the menstrual cycle and the changes in hormonal levels during the month. This pain can be continuous or may only occur from time to time. The pain is usually localized to a specific area in one breast (unilateral). It is often described as a sharp, stabbing or burning sensation in the breast. This pain has been linked to fluid-filled cysts, fibroadenomas (benign lump), duct ectasia (inflammation in ducts), mastitis, injury and breast abscesses. Treatment may include withdrawing the cyst fluid, surgically removing the fibroadenoma or prescribing antibiotics for duct ectasia, mastitis or abscesses.

Some noncyclical pain is also related to musculoskeletal causes. The most common is pain that comes from a pinched nerve in the back or neck region. Often, a history of back injury, scoliosis, arthritis or osteoporosis is involved. The pain radiates to one breast, causing pain.

Another cause of breast pain originates in the area of the breastbone and ribs and is known as **Tietze's syndrome**. It is commonly called costochondritis (inflammation of the cartilage of the ribs). This pain is localized in the part of the breast closest to breastbone and increases when pressure is placed on the breastbone, when the rib cage is moved or when a deep breath is taken. This pain often occurs after doing heavy lifting or activities that stretch the upper body. If the pain is from costochondritis, ibuprofen or aspirin taken for several days on a regular basis will usually reduce the pain. Still another cause for breast pain includes phlebitis (an inflamed vein), called Mondor's syndrome. Even infected teeth have been shown to cause women to report breast pain.

Pain caused by breast cancer usually occurs when the tumor is large or pressing on a nerve.

Most often, breast cancer pain hurts in one place in only one breast and does not change during the menstrual cycle.

Pain and the Drug Connection

The most common causes and promoters of breast pain are prescription medications, over-the-counter medications and herbal products. These can greatly increase cyclical pain and be mistaken for breast disease. Because drugs can produce different responses in different women, some may experience breast pain as a side effect while others may not. The most common drug categories that contribute to breast pain are hormones, blood pressure, heart, pain relievers, antidepressants and gastrointestinal medications.

Additionally, some **herbal products** may cause breast pain. Even natural ingredients such as Ginseng or Dong Quai (recommended for premenstrual syndrome and menopausal side effects) can cause breast pain. Ma Huang (Ephedra Sinica or Chinese Ephedra), found in many weight loss products, is a botanical source of ephedrine and pseudoephedrine and can cause breast tenderness and pain. Guarana or kola nut, found in many energy and weight control products, is actually a type of caffeine.

Do not stop any **prescription drug** without consulting your healthcare provider. Instead, bring to their attention the drug you are taking and the potential relationship to your pain. If you are taking over-the-counter herbal supplements, you can stop them for several weeks to see if they are causing your breast pain.

Identifying Your Pain

If you cannot determine if your pain is cyclical or noncyclical, keep a calendar record of the pain you experience daily and its time in your cycle.

After two months, your healthcare provider will be able to tell if the pain is associated with the fluctuating hormones of your menstrual cycle or bears no relationship to hormonal changes and is possibly coming from breast disease or conditions.

Of course, if the pain becomes more severe or if other changes such as breast discharge, changes in skin color or new lumps occur, please consult with your healthcare provider immediately.

Cyclical pain has no relation to cancer and noncyclical pain is rarely a sign of cancer. However, all pain should be checked out by a healthcare provider.

Comparison of Cyclical, Noncyclical and Musculoskeletal Pain

	Cyclical	Non Cyclical	Musculoskeletal
Age of Onset	30s	30 – 40s	Any Age
Location	Bilateral Upper Outer Area	Unilateral One Area	Usually Unilateral Near Breastbone
Area	Spread Out	One Spot	Different Parts of Breast
Type of Pain	Dull, Aching	Sharp, Stabbing	Burning, Aching
Status	Premenopausal	Pre/Postmenopausal	Any Age
Hormone Therapy	Responds Well	Minimal Response	No Response
Ibuprofen/Aspirin	Some Help	Some Help	Very Helpful

The majority of breast pain is not related to cancer, but all pain needs a thorough evaluation by a healthcare provider.