



# A guide to...

## Breast Pain (Mastalgia)

### *Patient Information*

If you need this leaflet in another language, large print, Braille, or audio version, please call **01923 217 198** or email [westherts.pals@nhs.net](mailto:westherts.pals@nhs.net)



Author	K Beattie
Department	Cancer Services
Ratified / Review Date	September 2023 / September 2026
ID Number	17/2152/V1



## What you can expect at your appointment

You have been referred to a breast pain clinic at West Hertfordshire Teaching Hospitals NHS Trust. Please allow a minimum of 20 minutes for this appointment. You may be seen by a male or female specialist in breast care. A nurse chaperone is always present at the time of the examination.

During your consultation, we will ask you about the duration, intensity, nature of pain (constant or intermittent, sharp, or dull ache etc.) and if there are any influencing factors, such as hormone therapies or physical activity.

You will also be asked about previous breast issues and if you have any family history of breast or ovarian cancer.

We will inspect your breasts for any visible abnormalities and then perform a manual examination of your breasts and armpits, this can be a little uncomfortable at times. The examination may include the chest wall depending on the site of your pain.

At this clinic appointment there will be no imaging, this is an assessment and advice only clinic. If there are any abnormalities found in the assessment, you will be referred for a further Breast Clinic appointment and imaging. This may be a mammogram and /or ultrasound scan.

However, if no abnormalities are found you will be given advice, reassured, and discharged from the clinic.

## What is Breast Pain

Mastalgia, also known as 'breast pain', it is a very common condition, affecting up to 80% of the female population at some point in their lifetime.

It is extremely unusual for **breast pain alone** to be the first sign of cancer.

Having breast pain does not increase the risk of breast cancer.

## What causes breast pain?

### Cyclical (Menstrual cycle-related)

Usually occurs in the weeks before a menstrual period and it either increases or settles afterwards. This is due to hormonal changes during the menstrual cycle. This type of pain usually stops after the menopause.

However, women receiving hormone replacement therapy (HRT) may still experience breast pain following their menopause.

It could occur at any point during in the menstrual cycle or even after menopause. This may be due to some breast tissue becoming over-sensitive to a woman's normal hormonal levels.

*Keeping a diary of breast pain will help you ascertain if the pain is cyclical as it is often worse mid cycle and /or week before your period. This is the most common type of breast pain and quite normal.*

## Breast Cancer Now

Click here to see Know Your Breasts – a guide to breast awareness and screening:

<https://breastcancer.org/information-support/publication/know-your-breasts-guide-breast-awareness-screening-bcc2>

## **Non – cyclical (non - menstrual cycle related)**

Pain coming or radiating from the chest wall under the breast, rather than the breast itself.

Other factors, such as: pregnancy, breast injury, stress and anxiety, inflammation around the ribs (Tietze's syndrome), etc.

Sometimes breast pain can be caused by drugs such as medicines for depression, blood pressure and acid reflux. Any change in your medication must be carefully planned with your GP.

## **How can I cope with breast pain?**

Breast pain can be improved by either diet and lifestyle changes or medication.

### **Dietary changes**

Although there is limited evidence that this will help reduce your pain, your clinician may recommend a low-fat diet with increased fibre intake. Some women find that reducing caffeine and alcohol also helps.

### **Well – fitting bra**

Wearing a supportive and well-fitting bra during the day, physical activity and at night can make a massive difference to your pain.

### **Relaxation/meditation**

Some women find relaxation therapy useful in reducing their cyclical breast pain symptoms, such as meditation CDs or phone applications. Other complementary therapies, such as aromatherapy or acupuncture can also be helpful.

### **Contraception**

If your breast pain began soon after starting a contraceptive pill, switching to a different pill may help. If following this change, the pain does not improve, you may wish to try an alternative, non-hormone methods, such as the use of condoms or the insertion of a non-hormonal contraception coil (IUD) or a cap (Diaphragm). This can be discussed further with a family planning nurse. If following this, the pain doesn't improve, you should seek advice from your GP regarding alternative options for non-hormonal based contraception.

### **HRT**

If your pain started or initiated while receiving Hormonal Replacement Therapy, the pain may well subside once your body adapts to the change in hormone levels. If this is not the case, you will have to discuss any changes to your therapy with your GP.

### **Evening Primrose or Starflower Oil**

Evening Primrose and Starflower oil contain an essential fatty acid called GLA. There is evidence that having low GLA levels can contribute to cyclical breast pain. Evening primrose or starflower oil has little research evidence for its use, but some women find it helpful. These are an over-the-counter supplement, taken as a capsule with food two to three times a day. It can take six weeks before noticing any improvement in symptoms. **Caution:** These supplements should not be taken if you are trying to conceive, are pregnant or suffer with epilepsy.

## **Pain relief**

Research has shown that over the counter non-steroidal, anti-inflammatory pain relief such as Ibuprofen can be beneficial, especially for non-cyclical breast pain.

The gel formulation can be applied directly to the breast or chest wall for focal areas of pain. However, if the pain is affecting the whole of the breast, pain relief taken orally may be more effective. **Caution:** This group of medications are not suitable for everyone and should not be taken regularly for more than two weeks without GP review.

## **Hormonal drugs**

In severe, prolonged breast pain cases that has not been improved with any of the options mentioned above, your clinician may consider prescribing a hormone-suppressing drug, such as danazol or tamoxifen.

If the self-measures mentioned above are not affective, please contact your GP.

## **When should I be concerned about breast pain?**

Breast pain can be distressing, often resulting in a lot of anxiety. Breast pain alone is highly unlikely to be the first sign of breast cancer.

### **This may not be the case if you notice any of the following RED FLAGS:**

- A lump in your breast or under your arm (a single lump or more)
- Discharge from the nipple or lump (if any)
- Swelling and/or redness of your breast
- Changes to the size or shape of your breast
- Recent inversion (turning inwards) of your nipple.

**If you notice any of these symptoms make an urgent appointment with your GP so you can be referred to the Rapid Assessment Breast Clinic.**

## **Questions?**

If you have any queries about your referral, please contact your GP.