



Breast Discomfort / Pain

Breast discomfort (mastalgia) is the most common breast related complaint among women; nearly 70% of women experience breast discomfort at some point in their lives. Breast discomfort may occur in one or both breasts or in the underarm (axilla) region of the body. The severity of breast discomfort varies from woman to woman; approximately 15% of women require treatment. Though breast discomfort is not normally associated with breast cancer, women who discover any breast abnormalities, or begin to have breast discomfort, should consult their physicians.

What Causes Breast Discomfort?

There are two main types of breast discomfort:

- Cyclical
- Non-cyclical

Cyclical breast discomfort accounts for nearly 75% of all breast complaints. Cyclical breast discomfort is related to how the breast tissue responds to monthly changes in a woman's estrogen and progesterone hormone levels. Your physicians may ask you to chart your discomfort to determine whether the discomfort is truly cyclical.

During each menstrual cycle, breast tissue sometimes swells because hormonal stimulation causes the breast's milk glands and ducts to enlarge, and in turn, the breasts retain water. The breasts may feel swollen, uncomfortable, tender, or lumpy a few days before menstruation.

Breast discomfort and swelling usually ends when menstruation is over. The average age of women who have cyclical breast discomfort is 34 years old. Cyclical breast discomfort may last for several years but usually stops after menopause unless a woman uses hormone replacement therapy (HRT).

If breast discomfort is accompanied by lumpiness, cysts, (accumulated pockets of fluid) or areas of thickness, the condition is usually called fibrocystic change. Though cyclical breast discomfort is usually related to the menstrual cycle, stress may also affect hormone levels and influence breast discomfort.

Non-cyclical breast discomfort is far less common than cyclical breast discomfort and is not related to a woman's menstrual cycle. Women who experience non-cyclical breast discomfort often experience discomfort in one

specific area of the breast(s). Women who experience injury or trauma to the breast or those who undergo breast biopsy sometimes experience non-cyclical discomfort. The condition may occur in both pre-menopausal and post-menopausal women and usually subsides after one to two years. Non-cyclical discomfort is most common in women between 40 and 50 years of age. Usually, non-cyclical breast discomfort does not indicate breast cancer, though women should discuss the condition with their physicians.

Another type of non-cyclical discomfort called costochondritis does not actually occur in the breast; however, the condition may feel as though it is coming from the breast. This type of arthritic discomfort occurs in the middle of the chest where the ribs and the breastbone connect. Costochondritis may occur as the result of poor posture or aging. Women who experience costochondritis usually describe it as a burning sensation in the breast. Physical activity, especially heavy lifting or prolonged use of the arms, has also been shown to increase breast discomfort (pectoral (chest) muscles may become sore from physical activity).

Other factors that may contribute to breast discomfort in some women include:

- Oral contraceptive pills.
- Hormone replacement therapy
- Nutritional supplements with female hormonal activity - such as products designed to increase the breast size or to help with menopausal symptoms.
- Over stimulation during sexual activity.
- Weight gain.
- Bras that do not fit properly, or not wearing a bra with activity when the breasts are large.
- Tumors (most painful masses or lumps DO NOT indicate breast cancer; however, any abnormalities you discover should be examined by your physician.)

Evaluating Breast Discomfort

Women should report all complaints of persistent breast discomfort to their physicians. Your physician will evaluate the discomfort, taking into account your personal history, family history, the area, the intensity and duration of the discomfort, and the extent to which it interferes with your lifestyle.

Your physician will perform a thorough clinical breast examination, and if necessary, order additional breast imaging exams (such as mammography or ultrasound) to help determine whether your discomfort is related to another breast condition. If no breast abnormality is found, you and your physician

should decide together whether drug treatment is necessary to manage your discomfort.

Treating Breast Discomfort

Most women with mild to moderate breast discomfort are not treated with prescription medications or surgical procedures. The following suggestions have been shown to reduce breast discomfort in some women:

- Wear a good, supportive bra to reduce breast movement. Many women with breast discomfort find it comfortable to also wear a bra while they sleep.
- Limit sodium intake.
- Stop Smoking.
- Reduce caffeine intake (coffee, tea, soft drinks, chocolate).
- Maintain a low fat diet rich in fruits, vegetables, and grains.
- Maintain an ideal weight. Losing excess weight may reduce breast discomfort by stabilizing hormone levels.

Other Treatments

- You may occasionally need to take **over-the-counter pain-relief medications** such as aspirin, acetaminophen, or Motrin (ibuprofen), etc.
- **Take vitamins.** Some women have found that taking Vitamin B6 (pyridoxine) 50 mg 3 times daily, Vitamin B1 (thiamine), and Vitamin E 400 iu twice daily relieves breast discomfort.
- Add **essential fatty acids** in the form of **evening primrose oil** or **Borage Oil**. Many women use 500-1000 mg of evening primrose oil, in liquid or tablet form reduces breast discomfort.
- **Cyst aspiration.** Physicians sometimes drain benign (non-cancerous), fluid-filled cysts to relieve breast discomfort. It may not be possible to drain very small cysts.
- **RELAX!** Some women's breast discomfort may be worsened by stress and anxiety and it will subside by reducing these factors in your daily life.