ST. JOSEPH HOSPITAL
BREAST CARE CENTER
Where Care and Compassion Come Together

Schedule your Mammogram 603.595.5700

Breast Pain

The Breast Care Center at St. Joseph Hospital

Why do my breasts hurt? Is this dangerous? Should I do something about it? What treatments actually work? Is this rare?

This handout was designed to inform you of the facts of breast pain, or **mastalgia**, that affects many women like yourself. It was not intended to replace your primary care provider, who should be your first resource in the diagnosis and treatment of breast pain.

Why do my breasts hurt?
The short answer is, "We don't know." There are many ideas as to why your breasts can be tender. Breast pain is related to hormones, which is why many women experience breast pain associated with their periods. Others with breast pain are on hormone replacement therapy, which is at least partially responsible. Many women have been told that they have "fibrocystic disease," which sometimes makes them feel as if their pain has an explanation, but "fibrocystic disease" is a misnomer. It refers to fibrocystic breast tissue, which is normal breast tissue that is found in almost all women. There is no such disease. Often women complain of increased tenderness on a constant basis during their early menopausal years, which may also be due to hormonal changes.

Is this dangerous?
Not usually. As long as you have had a clinical breast examination by your primary care provider and there are no lumps, and as long as you are up-to-date on your screening mammograms, there is usually no danger to breast pain. Of course, having no lumps and a negative mammogram is no guarantee that there is no cancer, but the pain itself is not usually associated with breast cancer. If your pain is very focal, (in one particular spot in one breast,) and if it is persistent, (it lasts for more than a month,) it should be brought to the attention of your care provider.

Should I do something about it?
This is a personal decision. How bad is your pain? Only you know, and only you can decide if it's something you want to take action on. There are several effective ways of treating breast pain, but not all methods are helpful for all women. The following lists are designed to help you discuss your pain with your care provider.

Types of breast pain:
- Dull burning ache
- Sharp shooting pain
- Itching
- Radiating to the underarm or arm

Timing of breast pain:
- Cyclic, most severe before and during menstruation
- Non-cyclic, occurring either all the time or without regard to menstrual cycles

Location of breast pain:
- In the upper outer part of the breast
- In one, specific place, in only one breast
- In both breasts, but worse on one side
- Deep, possibly in the chest wall behind the breast, (this may be something other than breast pain, and should be discussed with your care provider.)

Located in the back of this handout is a chart for your use in recording how much breast pain you are experiencing on a daily basis. Use it to see how your breast pain affects you and refer to it when you are deciding on a treatment. Some people suggest beginning treatment if you have 5 or more days per month of severe pain, but again, you should decide when you are ready to do something about your pain. There are treatments that are without risk and don't cost any money, so some people will choose them for even the mildest of discomfort. However, sometimes these are the hardest to do because they are dietary restrictions, which require a great deal of motivation.

What treatments are there?
First, a word on what treatments have **not** proven to be effective: Scientific experiments have not shown Vitamins E, A, B1, B6, or progesterone to help. Some treatments that work on some people have been shown to be more risky, with many dangerous side effects, such as testosterone, tamoxifen, or bromocryptine.

And now, here it is... this is a chart of treatments for breast pain with the percent of people each treatment helps. Depending on the type of breast pain you have, the different treatments have different effectiveness. Each method is reviewed in detail below.

Method	Duration of Trial	Success Rate	Cost/Retail	Advantages	Disadvantages
Dietary: Removal of certain medicines and Methylxanthines* from the diet	6 weeks	Approximately 80%	No cost	No Cost, quite effective, short duration of trial	Difficult to remain compliant
Dietary: Reduction of Fat to 15% of caloric intake	6 months	?	No cost	Also great for other health factors	Extremely difficult to remain compliant
Evening Primrose Oil	2 months	58% cyclic, 38% non-cyclic	$30/month	Easy compliance	Some, but few, side effects
Danazol	2 months	70% cyclic, 30% non-cyclic	$60-120/month	Effective	Many side effects limiting tolerance
Gestrinone (not available in the United States)	2 months	55%	(no price available)	Effective, fewer side effects than Danazol	Not well studied
LHRH agonists (Lupron)	1-2 months	Almost 100%	$645 month	Very effective	Can only be used for 3 consecutive months, some side effects
Thyroid Hormone	2 months	75% cyclic	$10 — 30/month		Not well studied
Analgesics Non Prescription/ Prescription	Days	97%	$5 — 10/month $25 — 80/month	Inexpensive, short trial periods	Not a lasting solution
Abstention from offending Medication**	Variable	Variable	Free	Removal of cause	? Replacement of needed medication
Psychiatric approach	?	Variable	Variable	Acknowledges an occasional underlying source of chronic pain	Probably relevant to only a minority of patients
Surgery	Variable	?	Very costly	None	Overaggressive, often ineffective

*Methylxanthines are present in many foods, such as coffee and tea, (even decaffeinated,) chocolate, and in the medicine theophylline, which is commonly prescribed for asthma.

**Medicines known to exacerbate breast pain are H2-blockers, beta-blockers (drugs frequently prescribed for patients with high blood pressure or at risk for heart disease) as well as estrogen-based hormone medications.

If you have any questions or would like to speak with some one regarding **Breast Pain**, please call The Breast Care Center at (603) 595-5700 or visit *www.stjosephhospital.com.*