



# Breast Pain

---

## **What is Breast Pain?**

Breast pain, or mastalgia, is extremely normal in the United States. The most common type of breast pain is **cyclic mastalgia**, where both breasts become tender or painful, and possibly swollen or lumpy, before your menstrual cycle. Breast pain occurs most often in the upper, outer part of the breast. These symptoms tend to improve after your menstrual cycle has ended.

Cyclic mastalgia is most common between ages 35-45, but can occur as early as the 20's and can also occur in women after menopause, especially if they are taking hormone replacement therapy. It is important to note that pain is only very rarely associated with cancer. Most women will experience relief from their breast pain with treatment.

## **When should I see my doctor?**

See your doctor if you have breast pain that is not cyclical (recurs periodically on a consistent basis) or if you have breast pain that appears in a specific spot (localized). Your primary care doctor needs to examine all lumps or masses that appear in the breast.

## **When is the best time to schedule my breast exam?**

It is best to have your breasts examined one week following the end of your menstrual period. If you are no longer menstruating, this will not apply to you.

## What is the treatment for breast pain?

### Dietary Changes

- Some women find if they eliminate caffeine from their diet it can help reduce breast tenderness. However, it may take 6 months or more for you to feel the difference in your breasts. Caffeine can be found in coffee, tea, cola, and chocolate as well as some over-the-counter drugs.
- Estrogen is linked to breast pain and eating a low-fat diet, especially low in saturated fats, can decrease estrogen levels and improve breast pain and lumpiness. Avoid meat and dairy products and eat more fish, tofu, and non-fat dairy.
- Keep a log of the foods and activities that may be associated with either the onset of breast pain, or worsening the pain, and try avoiding them.

### Lifestyle

- Exercise has been shown to decrease estrogen levels and improve breast tenderness.
- A well-fitting, supportive bra can often greatly relieve breast pain.
- Quitting smoking.
- Applying warm compresses to the breast may also be helpful.

### Nutritional Supplements

- **Evening primrose oil** contains polyunsaturated fatty acids that may help to reduce the symptoms of breast pain. Many doctors recommend taking 3 grams per day for at least 6 months. You can find evening primrose oil in most pharmacies.
- **Black current seed oil** and **borage oil** contain concentrated forms of gamma-linoleic acid. This has been shown to help reduce breast pain. You can find these supplements in health food stores.

- **Dietary Flaxseed** (1 muffin containing 25 mg) resulted in a significant reduction in breast pain compared to a placebo in one double-blind study. Dietary flaxseed is an excellent source of polyunsaturated fatty acids.
- Several vitamins have been suggested as helpful in alleviating breast pain. **Vitamin E** (200-600IU/day) has been suggested to help, as has **Vitamin B6**. Although the studies have not been conclusive, it may be worthwhile to try these for three months to see if it helps. **Remember, high doses of either of these vitamins may have harmful effects.** Discuss these supplements with your doctor.

### **Medications**

- Over the counter pain relievers such as Ibuprofen and aspirin can often be helpful in relieving breast pain. A topical pain relieving gel such as diclofenac sodium gel may help to reduce breast pain with less likelihood of side effects than with oral pain medications.
- Oral contraceptives can be helpful, although they tend to increase breast tenderness initially. It may take up to 3-6 months to see any positive changes.
- Tamoxifen is an anti-estrogen that is used to treat breast cancer and is effective in reducing breast tenderness. However, it has significant risks and side effects, and so is used only in the most severe of cases.
- Danazol and Bromocriptine have been used in the past, however in most cases the side effects are considerably worse than the symptoms, and they are rarely used today.

**If you have persistent breast pain that does not respond to the above treatment call your health care provider.** They may decide to refer you to a breast specialist.

If you have any new concerns or questions, call the clinic and talk to a nurse or your doctor.

Disclaimer: This document contains information and/or instructional materials developed by the University of Michigan Health System (UMHS) for the typical patient with your condition. It may include links to online content that was not created by UMHS and for which UMHS does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Patient Education Handout associated with UMHS Clinical Care Guideline.

Author: Michael Sabel, M.D.  
Reviewers: Leslie Caldwell, N.P.

Patient Education by [University of Michigan Health System](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License](#). Last Revised 6/2015