

Breast pain

This booklet tells you about breast pain, also known as mastalgia. It explains the different types of pain you might have, diagnosis and how breast pain can be treated.

Benign breast conditions information
provided by Breast Cancer Care



Breast Cancer Care doesn't just support people when they've been diagnosed with breast cancer.

We also highlight the importance of early detection and provide up-to-date, expert information on breast conditions and breast health.

If you have a question about breast health or breast cancer you can call us free on **0808 800 6000** or visit **breastcancercare.org.uk**

We hope you find this information useful. If you'd like to help ensure we're there for other people when they need us visit **breastcancercare.org.uk/donate**

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Introduction

Breast pain is very common in women of all ages.

It can cause a lot of anxiety, and many women worry that they may have breast cancer. Breast pain can have several causes, and on its own it's not usually a sign of breast cancer. Having breast pain doesn't increase the risk of breast cancer.

We hope this information helps you understand more about breast pain and the possible treatments to help manage it.

Types of breast pain

There are three types of breast pain:

- **cyclical breast pain** – pain that's part of a woman's normal menstrual cycle (periods)
- **non-cyclical breast pain** – lasting pain in the breast that's not related to the menstrual cycle
- **chest wall pain** – pain that feels as though it's in the breast but is coming from somewhere else

Cyclical breast pain

Cyclical breast pain is linked to changing hormone levels during the menstrual cycle.

Hormonal changes make the breast tissue more sensitive, which can cause pain. Around two out of three women will experience cyclical breast pain.

Many women feel discomfort and lumpiness in both breasts a week or so before their period. The pain can vary from mild to severe and the breasts can also be tender and sore to touch.

You may experience heaviness, tenderness, a burning, prickling or stabbing pain, or a feeling of tightness. The pain usually affects both breasts but it can affect just one breast. It can also spread to the armpit, down the arm and to the shoulder blade.

Cyclical breast pain often goes away once a period starts. In some women, this type of pain will go away by itself, but it can come back.

This type of pain usually stops after the menopause. However, women taking hormone replacement therapy (HRT) after their menopause can also have breast pain.

Breast pain can also be associated with starting to take or changing contraception that contains hormones.

Non-cyclical breast pain

Non-cyclical breast pain isn't linked to the menstrual cycle.

It's often unclear what causes non-cyclical breast pain, but it can be related to:

- a benign (not cancer) breast condition
- previous surgery to the breast
- injury to the breast
- having larger breasts
- a side effect from a drug treatment, such as certain antidepressant drugs and some herbal remedies such as ginseng

Stress and anxiety can also be linked to breast pain.

Non-cyclical breast pain may be continuous or it may come and go. It can affect women before and after the menopause.

The pain can be in one or both breasts and can affect the whole breast or a specific area. It may be a burning, prickling or stabbing pain, or a feeling of tightness.

Non-cyclical breast pain often reduces or goes away by itself over time. This happens in about half the women who experience it.

Chest wall pain

Chest wall pain may feel as though it's coming from the breast, but really it comes from somewhere else. It's also known as extra-mammary (meaning outside the breast) pain.

Chest wall pain can have a number of causes, including:

- pulling a muscle in your chest
- inflammation around the ribs, caused by conditions called costochondritis or Tietze's syndrome (see page 10)
- a medical condition, such as angina or gallstones

The pain can be on one side, in a specific area or around a wide area of the breast. It may be burning or sharp, may spread down the arm and can be worse when you move. This type of pain can also be felt if pressure is applied to the area on the chest wall.

Diagnosis

Your GP will examine your breasts and take a history of the type of pain you have and how often it occurs. To check how long the pain lasts, how severe the pain is or if the pain is linked to your menstrual cycle, your GP may ask you to fill in a simple pain chart (such as the one on pages 12–13).

If your GP thinks you may have non-cyclical breast pain or chest wall pain, they may ask you to lean forward during the examination. This is to help them assess if the pain is inside your breast or in the chest wall.

Your GP may refer you to a breast clinic where you'll be seen by specialist doctors or nurses for a more detailed assessment. For more information see our booklet **Your breast clinic appointment**.

Treating cyclical and non-cyclical breast pain

If any treatment is needed, the options for treating cyclical and non-cyclical pain are often the same. However, non-cyclical pain isn't always as easy to treat.

If you have cyclical breast pain, your GP may reassure you that what you're experiencing is a normal part of your monthly cycle.

Diet and lifestyle changes

Diet

Your GP may suggest some things you can try which might help to reduce pain, but there's limited evidence to show these work. These include eating a low-fat diet and increasing the amount of fibre you eat.

Your GP may also recommend reducing caffeine and alcohol, which some women find helps to reduce breast pain.

Well-fitting bra

Wearing a supportive and well-fitting bra during the day, during any physical activity and at night can be helpful. For more information see our leaflet [Your guide to a well-fitting bra](#).

Relaxation and complementary therapies

Some women have found relaxation therapy useful in reducing their symptoms of cyclical breast pain, such as relaxation CDs or apps, or other complementary therapies such as acupuncture and aromatherapy.

Contraception

If your pain started when you began taking a contraceptive pill, changing to a different pill may help. If the pain continues, you may want to try a non-hormone method of contraception such as condoms, a non-hormonal coil (also called copper coil or IUD) or a cap (diaphragm).

HRT

If your pain started or increased while taking HRT and doesn't settle after a short time, tell your GP.

Evening primrose or starflower oil

There's evidence that having low levels of an essential fatty acid called GLA can contribute to cyclical breast pain. However, research has shown that taking additional GLA does not always help the pain. Despite this, your GP may suggest that you try evening primrose or starflower oil (which contain GLA), as some women have found it helps them to feel better generally. Your GP will tell you how much to take and for how long.

Evening primrose oil doesn't usually cause any side effects, but a few people may feel sick, have an upset stomach or get headaches. It's best not to take it if you're pregnant or trying to get pregnant. People with epilepsy are usually advised not to take evening primrose or starflower oil.

Pain relief

Research has shown that non-steroidal anti-inflammatory pain relief, such as ibuprofen, can help breast pain, particularly non-cyclical pain.

This type of pain relief can be applied directly to the affected area as a gel. It can also be taken as a tablet.

Before using this type of pain relief you should be assessed and get advice from your doctor on the correct dose, how long you should use it for and any possible side effects, especially if you have asthma, stomach ulcers or any problem related to your kidneys.

Paracetamol can also be useful in relieving breast pain, either with or without anti-inflammatory pain relief.

Hormone drugs

If your pain is severe, prolonged and hasn't improved with any of the options already mentioned, your doctor may want to consider giving you a hormone-suppressing drug.

The drugs that are most commonly used to treat breast pain are:

- danazol
- tamoxifen

These drugs have side effects, so will only be recommended after a discussion about the benefits and possible risks.

If you're prescribed one of these drugs, your specialist will tell you what dose to take and for how long.

There's some evidence that younger women may benefit from a short course of treatment, which can be repeated as necessary, whereas older women who are near to or going through the menopause may benefit from a longer course of treatment.

Danazol

Danazol works by blocking certain hormones produced during the menstrual cycle.

Its side effects can include:

- periods stopping (amenorrhoea)
- weight gain
- acne
- facial hair growth
- changes to the voice

However, you may not experience any of these.

Tamoxifen

Tamoxifen is not licensed to treat breast pain and is commonly used to treat breast cancer. Research has shown it's also effective in treating cyclical breast pain so it's sometimes used for this.

Tamoxifen works by blocking the hormone oestrogen.

Side effects of tamoxifen can include:

- hot flushes
- night sweats
- mood changes

Taking either of these drugs can make hormone-based contraception, such as the pill, less reliable. You can use barrier methods of contraception such as condoms or a cap (diaphragm).

Do not take these drugs if you're pregnant or trying to get pregnant, as they can be harmful to an unborn baby.

If you'd like more information about either of these drugs, call our Helpline on **0808 800 6000**.

Treating chest wall pain

Treatment for chest wall pain will depend on what's causing it.

If it's found that your breast pain is caused by a pulled muscle in your chest, this is likely to improve over time and can be treated with pain relief.

Chest wall pain can also affect the area under the arm and towards the front of the chest, and this may be due to:

- costochondritis – inflammation of parts of the ribs (called costal cartilages)
- Tietze's syndrome – inflammation of the costal cartilages and swelling

Your GP or specialist may be able to tell that the costal cartilages are painful if pressure is put on them. Sometimes this inflammation can feel similar to heart (cardiac) pain. You may feel tightness in the chest and a severe, sharp pain. The pain may also spread down the arm and can be worse when you move.

You may find it helpful to rest and avoid sudden movements that increase the pain. Pain relief such as paracetamol or a non-steroidal anti-inflammatory like ibuprofen (as a cream, gel or tablet) may help.

Your specialist may suggest injecting the painful area with a local anaesthetic and steroid.

Smoking can make the inflammation worse, so you may find that your pain lessens if you cut down or stop altogether.

The NHS website [nhs.uk](https://www.nhs.uk) has more information about costochondritis and Tietze's syndrome.

Pain caused by other medical conditions, such as angina (tightness across the chest) or gallstones, may be felt in the breast. Your GP or specialist will advise you on treatment.

Coping with breast pain

Breast pain can be very distressing, and many women worry that they may have breast cancer. In most cases breast pain will be the result of normal changes that occur in the breasts.

Even though you may feel reassured that your breast pain is normal and you don't have breast cancer, the pain often remains. This can be upsetting, especially if your specialist can't tell you the exact cause of your breast pain.

Women affected by breast pain may feel many different emotions, including fear, frustration or helplessness. Although understanding more about your breast pain will not cure it, it may help you to get back some control over your life.

Having severe, long-lasting breast pain can sometimes affect a woman's daily activities, which may cause anxiety and, for some, depression. However, this isn't the case for most women and their pain can be helped or managed.

Having breast pain doesn't increase your risk of breast cancer. However, it's still important to be breast aware and go back to your GP if the pain increases or changes, or you notice any other changes in your breasts.

You can find out more about being breast aware in our booklet **Know your breasts: a guide to breast awareness and screening.**

If you'd like more information or support, call our free Helpline on **0808 800 6000.**

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About this booklet

Breast pain was written by clinical specialists and reviewed by healthcare professionals and people affected by breast problems.



For a full list of the sources we used to research it:

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Email **publications@breastcancercare.org.uk**



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