

Breast Pain

What is breast pain?

Breast pain is the number one complaint of women to their physicians, providers, mammographers, or other caregivers. Ninety percent of all women will experience breast pain at some point in their lifetime. Rest assured, though; **breast pain is rarely associated with cancer!** Breast pain will be one of two types: cyclical or non-cyclical.

What causes it?

Cyclic pain (two-thirds of incidences) is discomfort that fluctuates with a woman's monthly hormonal changes. The elevating hormone levels cause the breast to produce and store 15 to 30 cc (three to six teaspoons) of fluid in each breast. The pressure of the stored fluid causes tenderness and pain. Discomfort begins at the time of ovulation, peaks about five days before the start of the menstrual period, and is significantly relieved after the period starts. It may be more pronounced in one side over the other, but will be present in both breasts. It is usually more prominent in the upper outer area of the breast and may radiate down the arm to the elbow. Cyclic breast pain tends to escalate with time until after menopause.

Non-cyclic pain (one-third of incidences) can be caused by one of many non-cancerous breast conditions, hypothyroidism, muscle or cartilage injury in the chest, or a pinched nerve in the chest area. It may also be the result of a previous breast injury or surgery. It occurs regardless of the menstrual cycle stage.

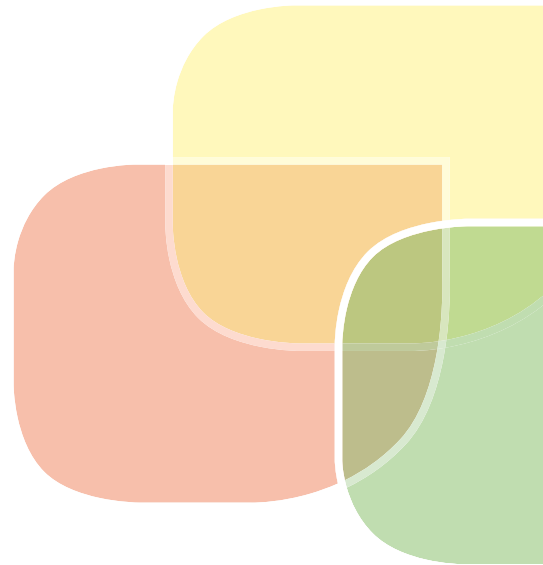
What can I do to help my healthcare provider evaluate my pain?

First of all, keep a daily record of your pain for at least one month. This will help determine whether the pain is cyclical or not. Items to include in your record are:

- **Location.** Which area of the breast hurts? Does it radiate or 'travel' to another location?
- **Intensity.** Assign a number to the pain each day. Use a scale of zero to 10, with 'zero' being no pain at all and '10' being the worst pain you can imagine.
- **Assign a word to the pain to describe it.** Examples: dull, aching, throbbing, stabbing, burning, shooting, or sharp.

Next, carefully record any prescription or non-prescription medicines that you are currently using.

Continued on the back



Commonly used medications that can contribute to breast pain include:

- Hormones: birth control pills, estrogen supplements, Zoladex
- Antidepressants and tranquilizers: Elavil, Haldol, Mellaril, Navane, Paxil, Prozac, Thorazine, Zoloft
- Gastrointestinal preparations: Compazine, Tagamet, Zantac
- Heart/blood pressure medications: Aldomet, Capoten, Catapres, Lanoxin, Procardia
- Anti-histamines
- Anti-inflammatories: Flexeril, Ibuprofen (Motrin/Advil) with long-term use

Common, daily-use products can also contribute to breast pain. They include:

- Caffeine. Some women may be very sensitive to caffeine; others may not be bothered by it at all. Caffeine is prevalent in coffee, tea, chocolate, and colas. It can be a hidden ingredient in many other products like: sodas (Mello Yellow, Mountain Dew, all colas), stimulants, (Vivarin and No-Doz), pain relievers (Excedrin, Midol), diuretics (Aqua-Ban), and weight control aids (Dietac, Promamine).
- Herbals. Guarana and kola nut (both strong sources of caffeine); Ma Huang, ephedra sinica, Chinese ephedra (sources of pseudoephedrine, a stimulant); ginseng, dong quai (used for menopause and PMS symptoms; produces an estrogen effect on breast tissue); or soy/soy protein/tofu (often in liquid diet foods and causes an estrogen effect on breasts).
- High salt diet. Excess sodium (salt) causes the body to retain too much water. If the body holds on to extra fluid, the breast tissue will too, and will cause an increase in discomfort.
- High fat diet. Estrogen is not only stored in our body's fat, but is also produced by fat cells. The more fat consumed, the more estrogen-effect noted. Current recommendations are to limit dietary fat intake to less than 20% of daily calorie intake.

What else can I do to relieve my pain?

- Wear a support bra. Minimizing movement of the breast tissue can significantly decrease breast pain. It is often helpful to wear a sports bra when exercising and sleeping. Avoid going braless.
- Increase dietary intake of seafood. This will increase the natural iodine level, which can cause a decrease in the body's response to estrogen.
- Try vitamin supplements like Evening Primrose oil supplements, Vitamin E, or Vitamin A supplements. It may take several months to notice improvement in pain with any of these supplements.
- Apply heat to the breast tissue. This can be done as often as desired.
- Use over-the-counter anti-inflammatories like Motrin or Advil. Take 400 mg every four to six hours.
- Consult your healthcare provider for persistent pain. Prescription medications that may help include: low-dose birth control pills, progesterone pills or cream, Danazol, Tamoxifen, Bromocriptine, thyroid, or testosterone.

What is the best way to maintain breast health?

- Perform monthly self breast exams. This should be done at the end of the menstrual cycle when breast tissue is least swollen or tender. The goal is to learn what your normal is. When 'normal' is known, "abnormal" becomes easy to recognize. Finding the 'abnormal' in fibrocystic breasts has been described as 'looking for a rock in a gravel pit.'
- Report any bothersome or worrisome change to your physician or provider. He or she will thoroughly and carefully evaluate it, then offer a treatment recommendation.
- Get a mammogram. One out of eight women in the U.S. will develop breast cancer in her lifetime. The best chance for survival and cure lies in early detection (when the cancer is the smallest). Mammography can detect cancers that are too small to feel. According to the American College of Radiology, women are encouraged to start annual screening mammograms at age 40. Yearly mammograms will show any subtle changes the soonest. If you have an immediate relative (mother, sister, etc.) diagnosed with breast cancer, you may begin screening mammograms 10 years prior to the earliest age at diagnosis in your family. Talk to your physician or provider for more information.

If you have any questions, call:

308-630-2700 to speak to Scheduling Services

308-630-2253 to speak to a Breast Health Center technologist