Patient Information Sheet

Breast Pain

DR NEIL MEULMAN
Oncoplastic Breast & General Surgeon
M.B.,B.S.(Syd), F.R.A.C.S. Provider No 595953L

Breast pain affects at least 70% of women at some time of their lives and indeed mild cyclical pain for up to five days pre-menstrually can be considered normal.

However, there is a broad spectrum of severity of breast pain and in up to 20% of sufferers the pain may be severe enough to interfere with normal activities (work, social, sport, sex, sleep). These women may require drug therapy. Very little is known about the cause of breast pain and research has mainly been aimed at assessing the efficiency of various remedies.

During the history and examination it is worth trying to differentiate three types of pain: cyclical breast pain, non-cyclical breast pain and chest wall pain. Cyclical breast pain is the most common and the most likely to respond to management strategies. Chest wall pain, which is often due to pain at the costochondral junctions, responds to remedies aimed at the musculoskeletal system such as injection of local anaesthetic and corticosteroid at the site.

It is also important to make an assessment of the significance of the pain to the woman. For some women the major concern is the fear of the breast cancer and if that is allayed they can accept the pain. Other women are in search of relief from the pain and reassurance alone will not satisfy them.

Breast pain is an uncommon presentation of breast cancer but it is not unknown. Careful history, examination and appropriate investigation to exclude cancer is part of the assessment. In women over 40 yrs this should include bilateral mammography.

If the pain is severe enough to warrant treatment there are a number of agents that have been shown to be superior to a Placebo. It is known that there is a significant Placebo effect in breast pain so this can be exploited. The use of caffeine reduction is appropriate as a first line treatment for women with a high caffeine intake. Evening Primrose oil has been shown to be better than Placebo and has virtually no side effect and should be used in a dose of 3µgm per day for three months.

If this is not effective the next drug of choice is Tamoxifen at 10µgm per day. This can be used continuously or cyclically from day 15 to 25 for cyclical pain. The most common side effects are hot flushes, gastrointestinal disturbance and vaginal discharge. A serious but rare side effect is thrombosis. Tamoxifen is best avoided where there is personal history of thrombosis and thrombophilia screen would be appropriate where there is a family history.

Danazole and Bromocriptine have also been shown to better than Placebo but have a worse side effect profile than Tamoxifen. Lack of response to one drug does not predict the response to a second drug. Drug therapy should be for 3-6 months initially and then the drug should be stopped. Come patients will relapse and will require a further course of treatment.

204 Russell Street, Bathurst NSW 2795
02 6332 3779 | 02 6332 6654 | reception@drneilmeulman.com.au | drneilmeulman.com.au