MASTALGIA

BACKGROUND

70% of women will present with breast pain at some point. Deciding which type of pain it is, is essential in managing it:

- **Cyclical**
- **Hormonal but medication related**
- **Non-cyclical and non-hormonal**
- **Referred musculoskeletal**

You can reassure the patient that pain is not a symptom of cancer. A survey of 8504 women with breast pain followed over 10 years revealed an overall incidence of cancer of 2.7%[2]. A more recent cohort of patients: 10,000 patients presenting to breast clinics showed that patients with mastalgia alone have cancer rate of 0.4%, this rises to a 5.4% rate if they have a distinct lump[3]. Putting this into context - UK Breast Cancer Screening detects 9.1 cases per 1000 women. That is 0.91%.

MANAGEMENT

1. Supportive bra - non wired but supportive
2. Weight loss and healthy diet including reducing caffeine and fat[3]
3. Change medications: SSRIs and the OCP both cause breast pain and while these may be essential to the patient, considering a switch may help. HRT is well known to cause mastalgia. In Womans' Health Initiative trial of 16,000 women who took combined HRT vs placebo – mastalgia was 3 times more common when on cHRT[4]. A subsequent study showed that at lower doses there was no increase, so a compromise at a lower dose may help[5].
4. NSAIDs topical or oral
5. Vitamin E supplements may help and are not harmful.
6. Gamma linoleic acid containing natural remedies such as star oil or evening primrose (EPO) are not harmful. While there is no objective evidence that they work, they are still included in management.
7. Tamoxifen can be used. Meta-analysis 2007 Cochrane[6] - Bromocriptine works as does Danazol. EPO no difference. Tamoxifen achieved a relief by 2-fold. Concluded that Tamoxifen is associated with least side effects and should be the drug of first choice. Tamoxifen should be started by a specialist and so this would be considered in non-resolving mastalgia and seen as per the pathway.

References

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