



Breast Tenderness

Most women at some time or another have painful or tender breasts — the most common breast condition among women. Mastalgia (painful breasts) rarely signals a serious problem, but for those who have it, this may be small comfort.

Among premenopausal women, most breast pain is caused by breast changes associated with fluctuations in hormonal levels linked to the menstrual cycle. Commonly known as fibrocystic breast changes, they can cause breasts to feel tender, sore and swollen. Lumps — fluid-filled sacs surrounded by fibrous tissue — or areas of thickening may also be felt and are called cysts. These changes peak about a week to 10 days before a menstrual period.

For years, fibrocystic breast changes were diagnosed as fibrocystic breast disease. Because about half of all women have this condition, it is now recognized as a common condition. Women who experience breast pain should see their physician. A clinical breast exam, imaging, and sometimes biopsy — the removal of tissue for examination under a microscope — may be needed.

What causes fibrocystic breast changes is not understood. Some studies have linked diets high in caffeine, cola, or chocolate with increased risk of pain associated with fibrocystic breasts. Although some breast lumps are cancerous, most — 80 to 85 percent — are benign. In addition to fluid-filled cysts, fibroadenomas (benign tumors), infections, and injuries are other common causes of breast lumps.

Breast pain that is not associated with the menstrual cycle is called noncyclical breast pain. It can occur at any time and at any age and is usually associated with injuries, such as thoracic radiculopathy (an injury to the nerves near the breast) and costochondritis (an inflammation of the breastbone), as well as with medications such as hormone replacement therapy and diet. Nearly 85 percent of all women with breast pain respond to nonmedical treatment. Others may need medication.

Treatment includes:

- Avoiding caffeine, cola, and chocolate and making other dietary changes
- Taking a supplement containing 3,000 mg of evening primrose oil and 400 to 600 units of vitamin E each day
- 300mg of magnesium (not to exceed 2:1 ratio of magnesium to calcium supplementation)
- B-complex with at least 50mg of B6 supplementation
- Using over-the-counter pain medications such as ibuprofen, acetaminofen or aspirin
- Taking prescription medications, such as bromocriptine or danazol (significant side effects)
- Using oral contraceptives or, if already taking them, adjusting the dose
- Stopping or reducing hormone therapy for postmenopausal women
- Reducing dietary salt, especially one to two weeks prior to the period
- Wearing a bra that gives good support, especially if exercising or breasts are large
- Applying heat with a heating pad or warm water bottle
- Some cases, progesterone supplementation