



BREAST PAIN

Instructions

Breast pain is a common symptom and usually not caused by breast cancer. When severe, it can interfere with activity, and anyone with constant pain should be evaluated to determine the underlying cause. Breast pain typically falls into three categories:

DIETARY

Low levels of Vitamin E or Linoleic Acid (an essential fatty acid) in your diet and consuming caffeine can both cause breast pain in some women. We recommend trying one or more of the following:

- Vitamin E 400 IU (International Units) daily
- Evening Primrose Oil 3-4 grams once daily
- Decrease or eliminate caffeine from your diet (examples: coffee, tea, chocolate, soda)

HORMONAL

For pre-menopausal women, breast pain often occurs as hormones surge prior to the menstrual period. Low dose birth control pills can help regulate the cycle and may help reduce pain. Otherwise, we recommend supportive measures to include:

- NSAIDs (non-steroidal anti-inflammatory drugs):
 - Ibuprofen/Advil 2-3 tablets (400-600 mg) every 6 hours or Aleve 1 tablet every 12 hours during week of menstrual symptoms. **Always remember to take NSAIDs with food.**
- If you are unable to take NSAIDs, you may try Tylenol 1-2 tablets every 4 to 6 hours.
- The use of a well-fitting, supportive bra has also been shown to be helpful.

For post-menopausal women, estrogen replacement therapy may contribute to pain. Also, a small amount of estrogen is made in the fatty tissue of everyone's body and weight loss can often decrease the amount of estrogen—which in turn may help decrease breast pain.

Rarely, in severe cases, prescription medications can be given for a short time to decrease hormonal stimulation of breast tissue.

STRUCTURAL

There are ligaments (Cooper's) within the breast that travel from the skin to the chest. Pulling on these ligaments can cause breast pain so a supportive, well-fitting bra can help. Women that wake-up in the morning with breast pain should try wearing a comfortable "sports bra" at night. Wearing a supportive bra during exercise is also highly recommended.

PLEASE NOTE: Patients with FOCAL or PERSISTANT breast pain should be evaluated with a comprehensive breast exam and appropriate imaging (mammogram or ultrasound).

David C. Weintritt, MD, FACS
Leah N. Basch, MSHS, PA-C
OFFICE: 703.664.2407
FAX: 703.664.8490
www.nationalbreastcenter.com

