**Non-Cyclical**

**Cyclical**

If no improvement or pain persists then refer to breast clinic for review

If specific reason (e.g. new sign such as lump or infection) or persistent severe pain then refer to breast clinic

**Pathway for the Management and Investigation of Mastalgia**

**KEY**

**Primary Care**

**Secondary Care**

Take history including enquiring about family history

**EXAMINE BREASTS**

Clinical sign present – e.g. lump, discharge

Refer to breast clinic as appropriate

No breast lump or other clinical signs on examination

Family history suggests near population risk

Family history suggests moderate / high risk

Refer to familial cancer specialist service

Reassurance:-

i) No association between breast pain alone and breast cancer

ii) Population risk - less than 17% over course of lifetime

Ask the patient to complete a pain diary and review again in 2 months

**Management:**

The same advice whether uni- or bilateral

Review patient through step process as appropriate

**STEP 1:**

Advise to get bra fitting checked (& wear supportive underwear 24hrs/day)

**STEP 2:**

OTC treatment: Paracetamol 1g QDS, daily for 2 weeks

Stop if no improvement

Further 2 weeks if improvements

**STEP 3:**

OTC treatment: NSAID topical gel for 2-3 months

**STEP 4:**

OTC treatment (not to be prescribed): Oil of evening primrose\* (EPO). A standardised capsule of EPO (500mg) contains approximately 40mg of gamolenic acid (GLA). The dose is usually 120-160 mg of gamolenic acid twice daily

\*A randomised controlled trial reported a 12% decrease in number of days with breast pain for evening primrose oil compared with 14% for placebo. *NICE clinical knowledge summaries*.

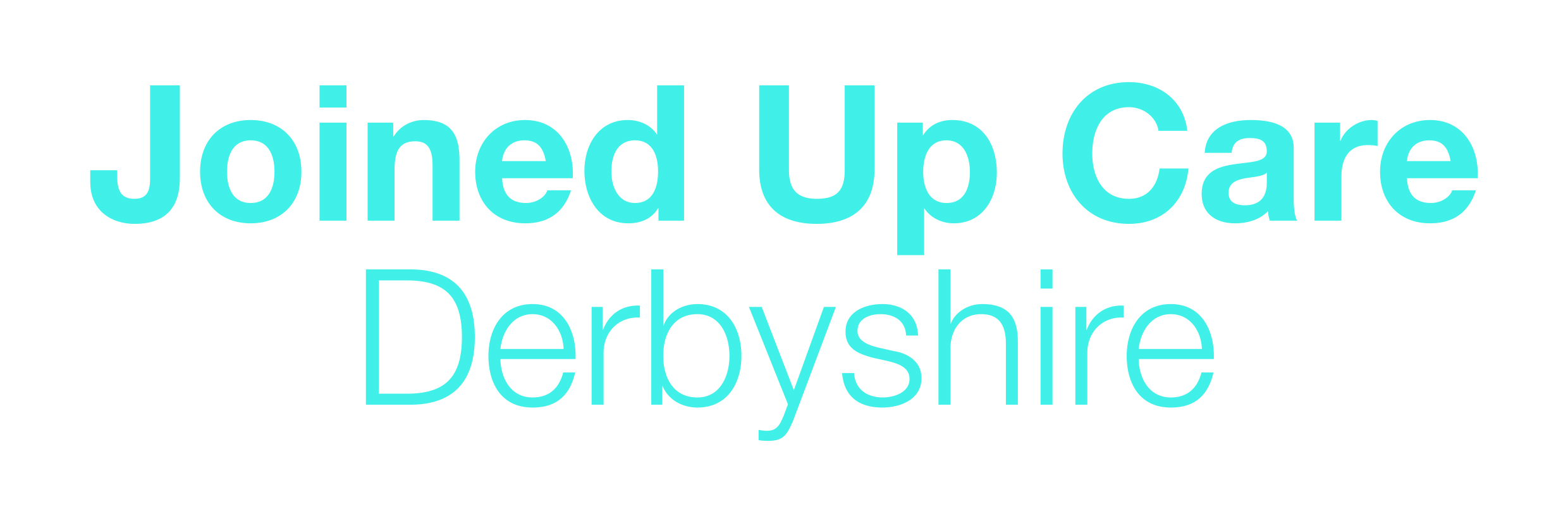
Family history assessment based on [NICE CG164](http://www.nice.org.uk/guidance/cg164) or [FaHRAS toolkit](http://www.fahras.co.uk/questionnaire/login.aspx)

**Information**

<https://www.breastcancercare.org.uk/information-support/have-i-got-breast-cancer/benign-breast-conditions/breast-pain>

<https://www.nhs.uk/conditions/breast-pain/>

[[https://www.nhs.uk/common-health-questions/mens-health/what-is-gynaecomastia/#](https://www.nhs.uk/common-health-questions/mens-health/what-is-gynaecomastia/)MC3275318/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3275318/)



**Management:**

Consider causes of pain referred to the breast: e.g. costochondritis, axilla, idiopathic, infections, periductal mastitis. If infective consider breast unit referral if necessary.

Review patient through step process as appropriate

**STEP 1:**

Advise to get bra fitting checked (& wear supportive underwear 24hrs/day)

**STEP 2:**

Consider lifestyle changes (eg low-fat diet, reduce caffeine & alcohol intake)

**STEP 3:**

OTC treatment: Paracetamol 1g QDS, daily for 2 weeks

Stop if no improvement

Further 2 weeks if improvement

**STEP 4:**

OTC treatment: NSAID topical gel for 2-3 months

**Original Authors:** DrV Cogger & Professor J Robertson

**Version:** 4

**Date written:** Feb 2016

**Edit:** Dr Louise Merriman, Derby & Derbyshire CCG Cancer Clinical Lead

**Edit:** Nov 2019

**Review Date:** Dec 2020