Pathway for management and investigation of mastalgia

Risk assessment

- Risk assessment based on FaHRAS toolkit or NICE CG164

Family history suggests near population risk
  - Reassurance:
    - i) No association between breast pain alone and breast cancer
    - ii) Population risk - less than 17% over course of lifetime

Family history suggests moderate risk

Family history suggests high risk
  - Refer to familial cancer specialist service

Cyclical

- Ask her to complete a pain diary and review again in 2 months

Non-cyclical

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

Management same if uni- or bilateral

STEP 1: Check bra fittings & supportive underwear worn 24hrs/day

STEP 2: Paracetamol 1g QDS, daily for 2 weeks. Stop if no improvement. Further 2 weeks if improvement

STEP 3: NSAID gel or NSAIDs daily for 2-3 months

STEP 4: Oil of evening primrose otc (Patient advised RCT show similar efficacy as placebo & may take 4 months to see effect)

If no improvement or pain persists then refer to breast clinic for review & other treatment options (eg tamoxifen, GnRH analogues, danazol)

STEP 1: Check bra fittings & wear supportive underwear worn 24hrs/day

STEP 2: Consider lifestyle changes (eg low-fat diet, reduce caffeine & alcohol intake)

STEP 3: Paracetamol 1g QDS, daily for 2 weeks. Stop if no improvement. Further 2 weeks if improvement

STEP 4: NSAID gel or NSAIDs daily for 2-3 months

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

Information

- http://www.patient.co.uk/health/breast-pain-leaflet
- Breast Pain by BCC
  - http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3275318/

KEY

- Primary Care
- Secondary Care