



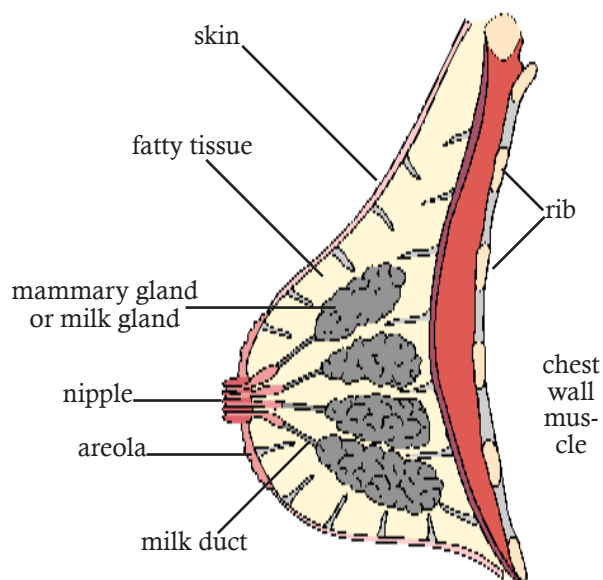
# Nodular Sensitive Breasts

Traditionally known as Fibrocystic Breast Condition

## PATIENT EDUCATION SERIES

### Women's breasts are naturally "lumpy."

Breasts are made up of many mammary ducts surrounded by fatty, glandular and connective tissues; the mammary ducts produce and secrete milk in the late stage of pregnancy and during breast feeding. The bony ribs underlying the breasts also contribute to the unevenness or lumpiness. Breast tissue is strongly influenced by the hormonal fluctuations that occur during a normal menstrual cycle. Some women experience a greater response to hormonal fluctuations prior to menstruation. They may have retention of fluid in their breasts, with resulting breast enlargement, breast tenderness and increased "lumpiness." This is a normal pattern for many women. Women may experience premenstrual changes in their breasts throughout life, or may find that their body's premenstrual response changes over the years.



Nodular sensitive breasts used to be termed fibrocystic breast disease or condition. Now this term is used less frequently as we recognize that it is not a disease but a normal response to hormonal changes due to the menstrual cycle. In some women hormonal changes during the menstrual cycle have pronounced effect on breast tissue. Tissue which supports the milk glands may thicken and milk ducts may swell, forming fluid-filled sacs called cysts. These "cystic changes" are most often tender and moveable. They can vary in size and shape and can occur singly but are more often multiple and in both breasts. They often occur in the outer area of

the breast near the armpit, but may be found throughout the breast. The cyclic tenderness and increased lumpiness that often reaches a peak one week to a few days before a period, and then decreases once a woman's menstrual flow has begun. A breast exam done a few days after a period is over usually reveals that the fluid-filled cysts have decreased in size and breasts are less tender.

Nodular sensitive breasts is a common benign problem for many women. It is estimated that over 50% of women have clear signs and 90% have some cellular changes associated with the condition. However, many women will notice no particular discomfort. The degree of breast pain experienced varies among women and is sometimes different with each menstrual period, or at different times in a woman's life cycle. Nodular sensitive breasts can occur at any age after menstruation starts, although the frequency peaks between age 30 and menopause. It rarely occurs after menopause.

Breast self-exam is an important way to follow the changes in your breasts. If you know what your "baseline lumpiness" feels like, you will be more able to determine if one cyst displays persistent increase in size and seems to "stand out" from the background tissues, or if a cyst has become attached to underlying tissue and is no longer moveable. In such cases, you must see your medical provider for further evaluation. A breast check by your medical provider is also an important part of your annual women's health exam.

### How is it treated?

#### Relief of breast pain

Breast tenderness can be quite uncomfortable. Some simple relief measures include:

- take a pain reliever as needed – acetaminophen (Tylenol), aspirin, or ibuprofen;
- wear a good, supportive bra, perhaps even to bed as well as during the day; A sports bra during exercise may be helpful.
- apply heating pads or hot towels to breasts as needed; warm baths or showers may also provide relief.
- Some women find ice packs or gentle massage helpful.

## **Dietary considerations**

Diet may have an effect on fibrocystic breast condition. Paradoxically, increasing your consumption of non-caffeinated, non-alcoholic fluids can decrease retention of fluid in body tissues. The more you drink, the less your body thinks it has to retain. Drinking 6 to 8 glasses of water a day is a good idea for many health reasons. Limiting salt consumption may be helpful because sodium encourages fluid retention and may increase breast engorgement.

## **What about caffeine?**

Some research has shown that eliminating caffeine-containing beverages and foods (such as coffee, tea, cola drinks and large amounts of chocolate) helps fibrocystic breast condition; however, not all research supports this conclusion. Since there is no harm in testing these dietary changes, a 4 to 6 month trial might be useful. Also check the labels of over-the-counter medications, as some contain caffeine in varying amounts.

The only dietary substance that seems, at this time, to correlate with fibrocystic breasts is dietary fat, particularly saturated fat. Studies show a dose-related effect; increased fat intake is related to increased incidence of fibrocystic breast condition.

Until more is known about the link between breast lumps and diet, a low-fat, nutrient-dense diet is recommended that includes fresh fruits and vegetables, cooked dried beans and peas and whole grain breads and cereals, with a moderate intake of nonfat milk and milk products, fish and poultry. Avoid or limit saturated fat intake. Eliminate or limit alcohol consumption as well. Smoking cessation also is recommended.

## **Medications**

Acetaminophen (Tylenol) or a non-steroidal anti-inflammatory drug such as Ibuprofen can be used to relieve benign breast pain. Oral contraceptives relieve the symptoms of nodular sensitive breasts in many women. Decreasing the estrogen potency in oral contraceptive regimens can be effective.

Therapeutic doses of vitamin E are sometimes advised by a medical provider in an effort to control severe symptoms of breast pain and engorgement associated with fibrocystic breast condition. Because vitamin E is a fat-soluble vitamin which can be toxic in high doses, *this therapy should be used only under the supervision of a medical provider.*

Evening primrose oil is an alternative health food supplement which some women claim is helpful for premenstrual symptoms, including breast tenderness. It contains GLA, an essential fatty acid. Scientific studies to date regarding the effectiveness of this are conflicting and limited. As with many "health food supplements," the potency and purity may be somewhat inconsistent from manufacturer to manufacturer. Further investigation is needed to determine if evening primrose oil is a safe and effective treatment for breast tenderness.