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A Study on the Prevalence of Certain Clinically Recognizable Benign Breast Problems among Women in the Reproductive Age Group (15- 49 Years) in a Rural Area

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ABSTRACT

Background

In spite of the high prevalence of benign breast problems encountered in clinical practice, there is scarcity of information on the population based prevalence of benign breast problems in India.

Objectives

To estimate the prevalence of Mastalgia, Nodular breast, Fibroadenoma, Mastitis and Nipple discharge in the study population.

Settings and Design

The study was carried out in a rural population served by Thiruninravur Primary Health Center in Thiruvallur district.

Materials and Methods

400 women in the reproductive age group 15 – 49 years were subjected to clinical breast examination (CBE) after the completion of the interview schedule and measurement of height and weight.

Results

The overall prevalence of all the five benign breast problems included in the study was 59.5% with 95% CI of 54.7 – 64.3. The prevalence of Mastalgia, Nodular breast, Fibroadenoma, Mastitis and Nipple discharge were 38%, 47.5%, 8.5%, 4.5% and 0.8% respectively.

Conclusions

The study shows the high prevalence of benign breast problems and the poor health seeking behavior of women with the same. Simple reassurance and health education can help reduce morbidity by reducing a lot of psychological stress.

KEYWORDS: Mastalgia, Nodular breast, Fibroadenoma, Mastitis, Nipple discharge, Rural and Prevalence

Introduction

Breast tissue in females is under the influence of various hormones and subjected to constant physiological variations throughout reproductive life and beyond. Breast disorders may be non-cancerous (benign) or cancerous (malignant). Most are non-cancerous and not life threatening, but women go through a lot of psychological stress on their account[1]. To help allay these fears an understanding of the Benign Breast Disorders (BBD) is needed. Although BBD have been extensively studied; the etiology of the same is poorly understood. Certain benign breast diseases are important risk factors for a later breast cancer.

The incidence of BBD is thought to exceed that of carcinoma breast by perhaps a factor of ten or more, with no reliable statistics available for the country. Cultural inhibition prevents many an Indian woman from articulating a breast related problem[2]. In spite of the high prevalence not much literature is available on the prevalence and the patterns of benign breast problems in India. Studies done on benign breast disorders were mostly hospital based and among urban women. The main purpose of this study is to find out the prevalence patterns of benign breast problems in a rural population and to evaluate the association between benign breast problems and certain suspected risk factors.

Materials and Methods

Study Design

This study was done as a cross sectional study with both analytical and descriptive components .The descriptive component was used to estimate the prevalence of the benign breast problems and to describe the socio-demographic profile of the study subjects and the analytical component was used to find the association between the suspected risk factors and the benign breast problems.

Study Setting and Subjects

The study was carried out in a rural population served by Thiruninravur Primary Health Center (PHC) in Thiruvallur district. This area is about 30 Kilometers from Chennai. The study was conducted on fourteen villages selected from three randomly selected sub-centers (Kosavanpalayam,

Nemilichery and Dasarpuram), belonging to the Thiruninravur PHC.

Selection and Description of Participants
Women in the reproductive age group (15-49years) were included in the study. Only women who gave written informed consent were included in the study. Known cases of breast cancer were not included in the study. The study population was chosen from 3865 families belonging to the 14 villages. One reproductive age group woman was included from each of the chosen families.

Sample Size and Follow-Up
Sample size for the study was calculated based on the prevalence of benign breast problems which is about 50 %[3,4] based on literature review. With type I error of 5 % and with limit of accuracy kept at 10 % of prevalence which amounts to 5%, the minimum sample size required for the study was calculated to be 384 and it was decided to use a sample size of 400 for the study.

Ethical Considerations
Permission was obtained from the Institutional ethics committee, Sri Ramachandra University.

Data Collection
Each of the family selected by simple random sampling method from the family registers was visited by the investigator accompanied by a Village health nurse (VHN). After explaining about the study and its importance to the adult women in the family, one woman in the reproductive age group was selected randomly, if there were more than one woman in the reproductive age group. After explaining all the details about the study including, clinical breast examination, written informed consent was obtained from the subjects. Information was collected from the participant using the pre-tested interview schedule following which clinical breast examination was conducted on all the study subjects. Then the study subject was given health education on the importance and practice of breast self-examination and self-referral in case of need.

Definition and classification of main study variables
Age
The subjects were divided into two groups based on their age as younger age (15 to 30 years) and older age (31 to 49 years).

Mastalgia
Subjects with breast pain that lasted for longer than two weeks of the menstrual cycle or with breast pain of a sufficient intensity to interfere with normal life were taken as cases of Mastalgia[2].

Nodular breast
Women with unilateral or bilateral, generalized or localized lumpiness associated with or without pain were taken as cases of nodular breast[2].

Fibroadenoma
Fibroadenoma was diagnosed when a subject had a firm, smooth, rubbery lump with a definite shape which moved under skin when touched and was non-tender.

Mastitis
Subjects with red, tender, warm, swollen and indurated breasts with or without history of constitutional symptoms were diagnosed as cases of mastitis[2].

Nipple discharge
Subjects who gave history of nipple discharge and or had nipple discharge on examination were taken as cases of nipple discharge.

Data Analysis
The data entry and analysis were done using statistical package for social sciences (SPSS) version 15. The final data was summarized into percentages and analyzed by cross tabulations for various variables. 95% confidence intervals were calculated wherever appropriate and Chi-square ($\chi 2$) test was used for statistical significance. Associations were assessed through odds ratio and 95% confidence interval of the odds ratio which was found using Epi Info 3.5.1 version.

Results
A population based cross sectional study on the prevalence of certain clinically recognizable benign breast problems among women in the reproductive age group (15-49 years of age) was conducted in Kosavanpalayam, Dasarpuram and Nemilichery sub-center areas of Thiruninravur primary health center, and Poonamallee block of Thiruvallur district.

Overall prevalence of benign breast problems
The overall prevalence of the five benign breast problems namely Mastalgia, nodular breast, Fibroadenoma, Mastitis and Nipple discharge was 59.5 % (238 subjects out of 400) with 95% C.I of 54.7 – 64.3, which included subjects who had one or more than one of the five benign breast problems. Of the study subjects 38% had breast pain of which 25.5% had Cyclical Mastalgia, 47.5% of the study subjects had nodular breast, Fibroadenoma was seen in 8.5% of the study subjects, Mastitis was seen in 4.5% of the subjects and nipple discharge was seen in 0.8% of the study subjects. Details are given in Figure 1.

Association between all five benign breast problems and certain suspected risk factors
The association between all five benign breast problems and certain suspected risk factors were evaluated as given in Table 1. Duration of menstrual flow more than 5 days and non- attainment of menopause showed odds ratios 1.6 and 1.3 respectively, indicating higher risk for benign breast problems. However none of the odds ratios were statistically significant.

Association between Mastalgia and certain suspected risk factors
The association between Mastalgia and certain suspected risk factors were evaluated as given in Table 2. Subjects in the age group 31 to 49 years were found to be 1.7 times at a greater risk for developing Mastalgia compared to subjects of the 15 to 30 years age group and this higher risk was found to be statistically significant ($p = 0.01$). Absence of hormone use, history of Dysmenorrhoea and duration of menstrual flow for more than 5 days were found to have odds ratios 2.0, 1.4 and 1.6 respectively. However the odds ratios were not statistically significant.

Association between Nodular breasts and certain suspected risk factors:
Association between nodular breast and certain suspected risk factors were evaluated as given in Table 3. Subjects with age between 31 and 49 years, duration of menstrual flow more than five days and dysmenorrhea were found to have odds ratios 1.4, 1.6 and 1.3 respectively. However the odds ratios were not statistically significant.

Association between Fibroadenoma and certain suspected risk factors:
Association between Fibroadenoma and certain suspected risk factors were evaluated as given in Table 4. Subjects with hormone use, subjects with dysmenorrhoea and subjects who had number of live children less than or equal to 2 found to have odds ratios 2.5, 2.1 and 2.3 respectively. There was a statistically significant association between fibroadenoma and dysmenorrhea ($p = 0.04$), however the other odds ratios were not statistically significant

Association between mastitis and certain suspected risk factors
The association between mastitis and the suspected risk factors were evaluated as given in Table 5. Women aged 15 to 30 years of age were 17.9 times at a higher risk of developing mastitis compared to the subjects aged 31 to 49 years and this difference was statistically significant ($p = 0.0003$). Subjects with less than or equal to 2 live children and those without dysmenorrhea were found to have odds ratios 2 and 1.5 respectively. However the odds ratios were not statistically significant. Currently lactating women were 39.6 times at a higher risk of developing mastitis when compared to women who were not lactating currently and this risk was found to be statistically significant ($p = 0.0000000$). Most of the mastitis cases 14 out of 18 (77.8%) were seen in currently lactating women and three out of the other four cases were seen in women who had lactated in the recent past and stopped currently because of the pain.

Breast self-examination
Subjects were asked questions on the awareness and practice of breast self-examination (BSE). Among the 400 study subjects 7(1.8%) had

awareness of breast self-examination and the rest 393 (98.2%) were not aware of breast self-examination 5(1.3%) of them were regularly practicing breast self-examination and the rest 395 (98.2%) were not practicing breast self-examination. Among the subjects who were aware of breast self-examination 71.4% were practicing it. The most common mode by which breast self-examination was learnt was through television followed by medical camps.

Health seeking behavior of women with benign breast problems:

Only 20 (5%) of the subjects claimed awareness of having a breast problem of whom 16 (4%) had sought medical help. Of the subjects 15(3.8%) reported that they had noticed a lump of whom only 10 (2.5%) had sought medical help. Though 38% of the subjects gave history of Mastalgia only 1.3% of the subjects perceived it as a problem. Breast screening had been undertaken by 5(1.3%) of the study subjects.

Discussion

This study was a population based cross sectional study done using simple random sampling method, which ensures generalizability of results to the study population. The present study shows that the overall prevalence of the five benign breast problems among reproductive age group women(15-49years) in this rural population (Thiruninravur Primary Health Centre area) is high to the extent of 59.5% the 95% C.I was quite narrow(54.7% - 64.3%) indicating the good precision of the study.

Overall prevalence of benign breast problems

The prevalence of the five benign breast problems namely Mastalgia, nodular breast, Fibroadenoma, mastitis and nipple discharge in the present study was found to be 59.5%. In spite of extensive literature search population based prevalence of the above mentioned benign breast problems was not available for Indian rural women. Studies show that at least 50% of women will report pain or lumpiness in their breasts to a doctor some time in their lives [3, 4] which is slightly less than the overall prevalence of all the five benign breast disorders probably because three other problems namely Fibroadenoma, mastitis and nipple discharge have been included in the present study while calculating the overall prevalence.

A study done on the patients attending a breast clinic concluded that 79% of the subjects had cyclical breast symptoms and 48% had consulted a doctor for their Mastalgia [5] and another survey done on western women concluded that 69% of the women had mastalgia[6], both of which is more than the prevalence obtained by the present study may be because it was not done on the general population but was done on women attending the breast clinic OPD in a Western population.

The American Cancer Society says that 60% of women in their reproductive years will have lumpy breasts [7] and according to literature up to 90% of breasts that have been autopsied show evidence of fibrocystic breast disease[8, 9]. The prevalence rates of nodular breast were found to be lower in the Indian rural population but still it was found to be quite high.

The prevalence of Fibroadenoma according to the study was found to be 8.5% with 95% C.I of 5.8 to 11.2 which is comparable to autopsy study reports that have shown the prevalence to be between 9% and 10%[2,10,11]. The prevalence of Fibroadenoma according to a study done in India was found to be 4.2% which is slightly lower than the values obtained in the present study which may be due to the reason that the study was not done on the general population but was done on the population attending the outpatient department[12].

The prevalence of mastitis was found to be 4.5% in the present study with 95% C.I of 2.5 to 6.5. Studies done on western women have shown the prevalence of mastitis to be between 20% and 25% of total lactating women [13, 14]. This was comparable to the values found in the present study in which 24.4% of lactating women had developed mastitis.

Prevalence of nipple discharge in the present study was found to be 0.8% which is comparable to the prevalence of nipple discharge found in a hospital based study on the profile of benign breast disorders in urban India to be 0.5%.

Association between all five benign breast problems and certain suspected risk factors

The subjects who had their menarche after 13 years of age were 1.1 times at a higher risk of having benign breast problems when compared to subjects who had attained menarche at the age of 13 years or before. The odds ratio (1.1) obtained in the present study is comparable to the odds ratio (1.35) obtained by the nested case control study done on women with benign proliferative breast diseases[15], however statistical significance was not present in both studies. Pre-menopausal women were 1.3 times at a higher risk of having benign breast problems in the present study and 1.27 times at a higher risk of having benign breast disorders according to the nested case-control study [15]when compared to post-menopausal women, the odds ratios were comparable but statistical significance was not present in both the studies. Subjects who had used hormones in the form of oral contraceptives and in other forms were 1.1 times at a higher risk of having benign breast problems which was comparable to the odds ratio (0.98) obtained in that case control study , when compared to subjects who had never used hormones in any form.

Association between nodular breast and certain suspected risk factors

Subjects who had menstrual flow for more than five days were 1.6 times at a higher risk of having nodular breast when compared to subjects who had menstrual flow for less than or equal to five days, but the association was not statistically significant. Comparison could not be made because of the lack of literature.

Association between Fibroadenoma and certain suspected risk factors

In this study, subjects who had less than or equal to 2 live births were 2.3 times at a higher risk of having Fibroadenoma when compared to subjects who had more than two live births, but the association was not statistically significant. This was comparable to a case control study where odds ratio for risk of Fibroadenoma was 1, 0.4, and 0.2 for subjects who had 1, 2 and 3 or more than three pregnancies respectively[6].

Association between mastitis and certain suspected risk factors

Subjects in the younger age (15 to 30 years) were 17.9 times at a higher risk of having mastitis than the subjects in the older age (31 to 49 years) and the association was statistically significant ($p = 0.0003$). This may be because of the early marriages in the rural Indian population most women in the lactating period belong to ages between 15 and 30 years. Currently lactating women were 39.6 times at a higher risk of having mastitis and this association was statistically significant ($p = 0.0000000$) this is because mastitis is commonly seen in lactating women and non-lactational mastitis is very rarely seen[17].

Benign breast problems in spite of their high prevalence have been neglected and trivialized by both the medical professionals and women with the problems as well. The reasons for this could be many but the most important reasons are the stigma attached to seeing a doctor and communicating about their breast related problem, fear of having cancer and the general neglect that women show towards their health. Some of the benign breast problems like Mastalgia, though a cause of lot of morbidity like impairment of sleep and routine activities can be managed effectively by simple reassurance and health education (example : wearing tight fitting brassiere). The response rate and co-operation of the subjects was much better than what was anticipated. The study subjects had no hesitation whatsoever in being submitted to clinical breast examination and were more than co-operative for the study. Most of the study subjects verbally mentioned that the main reason for their co-operation was the fact that the investigator belonged to the same gender. Reassurance and health education was given to all the study subjects with breast problems that did not require medical intervention. Subjects with a discrete lump in the breast were referred for triple assessment, including those who had a clinical diagnosis of Fibroadenoma. Subjects with suspected malignancy were given urgent referral for triple assessment and the same was informed to the medical officer of the Thiruninravur Primary Health Centre.

Conclusion and Recommendations

In conclusion the high prevalence of benign breast problems and the poor health seeking behavior of women with the same, all emphasize on the need for health programs in that aspect of women's health. In-

itiation of breast clinics in India is a distant dream but a much needed facility according to the prevalence rates of benign breast problems seen in this study. Health education can go a long way in removing the stigma attached with communicating a breast related problem to a doctor. Training may be given to the female medical officers of primary health centers, staff nurses of primary health centers, female health workers, anganwadi workers and village health nurses regarding breast self-examination who in-turn may impart the same to the rural women.

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Table 1: Association between benign breast problems and the suspected risk factors **

Risk Factor	No. with BBP (238)	No. Without BBP (162)	Odds Ratio (95% C.I.)	P Value
Age in years (31-49 Vs. 15-30)	120	77	1.1(0.7–1.7)	0.57
Hormone use (Yes Vs. No)	18	11	1.1(0.5–2.6)	0.76
Ever pregnant (No Vs. Yes)	25	16	1.1(0.5–2.2)	0.83
No of live children (> 2 Vs. ≤2)	86	56	1.1(0.7–1.7)	0.74
Age at menarche (>13 Vs. ≤13 years)	118	77	1.1 (0.7 – 1.7)	0.68
Duration of flow (> 5 days Vs. ≤ 5 days)	23	10	1.6 (0.7 – 3.8)	0.21
Dysmenorrhoea (Yes Vs. No)	121	73	1.3 (0.8 – 1.9)	0.25
Menopause (No Vs. Yes)	223	149	1.3 (0.6 – 3.0)	0.50

Foot note (applies to tables 1 -4) :

*** - statistically significant**
**** - The suspected Risk Factor is mentioned before the "Vs." symbol and the number with/without the disease is given for the suspected Risk factor, and hence individual 2x2 tables can be formed for each row.**

Table 2: Association between Mastalgia and the suspected risk factors **

Risk Factor	No. with Mastalgia (152)	No. Without Mastalgia (248)	Odds Ratio (95% C.I.)	P Value
Age in years (31-49 Vs. 15-30)	87	110	1.7(1.1–2.6)	0.01*
Hormone use (No Vs. Yes)	145	226	2.0(0.8–5.3)	0.11
Ever pregnant (No Vs. Yes)	16	25	1.1(0.5–2.1)	0.88
No of live children (> 2 Vs. ≤2)	57	85	1.2(0.7–1.8)	0.51
Age at menarche (>13 Vs. ≤13 years)	80	115	1.3 (0.8 – 2.0)	0.22
Duration of flow (> 5 days Vs. ≤ 5 days)	16	17	1.6 (0.7 – 3.5)	0.19
Dysmenorrhoea (Yes Vs. No)	82	112	1.4 (0.9– 2.2)	0.08
Menopause (No Vs. Yes)	142	230	1.1 (0.5 – 2.7)	0.79

Table 3: Association between nodular breast and the suspected risk factors **

Risk Factor	No. with Nodular Breast (190)	No. Without Nodular Breast (210)	Odds Ratio (95% C.I.)	P Value
Age in years (31-49 Vs. 15-30)	102	95	1.4(0.9–2.1)	0.09
Hormone use (Yes Vs. No)	14	15	1.0(0.5–2.3)	0.93
Ever pregnant (No Vs. Yes)	20	21	1.1(0.5–2.1)	0.86
No of live children (> 2 Vs. ≤2)	71	71	1.2(0.8–1.8)	0.45
Age at menarche (>13 Vs. ≤13 years)	93	102	1.0 (0.7 – 1.5)	0.94
Duration of flow (> 5 days Vs. ≤ 5 days)	19	14	1.6 (0.7 – 3.4)	0.22
Dysmenorrhoea (Yes Vs. No)	98	96	1.3 (0.8 – 1.9)	0.24
Menopause (Yes Vs. No)	14	14	1.1 (0.5 – 2.4)	0.88

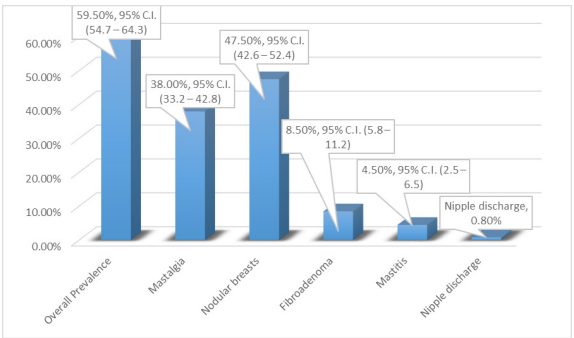
Table 4: Association between Fibroadenoma and the suspected risk factors **

Risk Factor	No. with Fibroadenoma (34)	No. Without Fibroadenoma (366)	Odds Ratio (95% C.I.)	P Value
Age in years (15-30 Vs. 31-49)	20	183	1.4(0.7–3.1)	0.32
Hormone use (Yes Vs. No)	5	24	2.5(0.8–7.5)	0.07
Ever pregnant (No Vs. Yes)	5	36	1.6(0.5–4.6)	0.37
No of live children (≤2 Vs. > 2)	27	231	2.3(0.2–5.9)	0.057
Age at menarche (>13 Vs. ≤13 years)	18	177	1.2 (0.6 – 2.6)	0.60
Duration of flow (> 5 days Vs. ≤ 5 days)	4	29	1.7 (0.5 – 5.7)	0.52
Dysmenorrhoea (Yes Vs. No)	22	172	2.1 (0.9 – 4.6)	0.04*
Menopause (No Vs. Yes)	34	338	NA	0.18

Table 5: Association between mastitis and the suspected risk factors

Risk Factor	No. with Mastitis (18)	No. Without Mastitis (382)	Odds Ratio (95% C.I.)	P Value
Age in years (15-30 Vs. 31-49)	17	186	17.9(2.5–364.8)	0.0003*
Hormone use (No Vs. Yes)	18	353	NA	0.45
Ever pregnant (No Vs. Yes)	18	341	NA	0.28
No of live children (≤2 Vs. > 2)	14	244	2.0(0.6–7.3)	0.34
Age at menarche (>13 Vs. ≤13 years)	9	186	1.1 (0.4 – 3.0)	0.91
Duration of flow (> 5 days Vs. ≤ 5 days)	2	31	1.4 (0 – 6.9)	0.65
Dysmenorrhoea (No Vs. Yes)	11	195	1.5 (0.5 – 4.4)	0.40
Menopause (No Vs. Yes)	18	354	NA	0.47
Currently Lactating (Yes Vs. No)	14	31	39.6(11.2–153.1)	0.0000000*

Figure 1: Prevalence of the five benign breast problems with the overall prevalence



(Foot note: Numbers do not add up to the overall prevalence as the same subject had more than one breast problem at times)

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