9. Aggressive/challenging behaviour towards carers or family
10. Patients who fall within the high-risk groups such as learning disability, autism, mental illness
11. Recent or sudden change in routine or stressful periods (especially in autists).

The management of AEB in special care patients is complex and often requires a multidisciplinary approach involving psychiatrists, the GP, dentist and specialist carers/nurses. Oral health in special care patients with a history of AEB may deteriorate rapidly and such patients require more frequent recall. It is therefore important for dentists to ensure that this information is shared with future medical, dental and social care professionals so that the behaviour can be monitored.

I. Khan, West Midlands, UK

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Prosthodontics

Third muscle layer

Sir, the masseter muscle is one of the most potent muscles of mastication which has a multipennate arrangement of the fibres which are divided into superficial and deep parts. It has predominant importance in oral and maxillofacial rehabilitation procedures. The masseter has a role in the elevation, protraction and lateral movements of the mandible. From the prosthodontist perspective, the masseter influences the fabrication procedure of the complete denture prosthesis; the distobuccal borders of the mandibular and maxillary dentures are influenced by the masseter in conjunction with the buccinator muscle and remaining muscles of the modiolus of the face and mouth. Along with the fabrication process, it influences the occlusal force and temporomandibular joint stability.^{1,2}

According to recent radiological and macroscopical investigations,³ there is a third

layer of the masseter muscle in humans that originates posteriorly on the inner, temporal side of the zygomatic process of the temporal bone, with the muscle fibres running diagonally anteriorly, the muscle attaching at the base and along the posterior margin of the mandible's coronoid process. The forces exerted by the coronoid part of the masseter on the coronoid process of the mandible are lateral, posterior, which have a stabilising and retracting effect on the anterior-superior part of the mandible. Thus, future investigations are needed to determine the significance and influence of the newly discovered third layer (the coronoid part of the masseter) on the fabrication, maintenance, and survival of the prosthesis.

V. Chakradhar, B. Lakshmanarao, B. Bhargavi, Rajahmundry, India

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Gag reflex Salty solution

Sir, managing patients with severe gag reflex is a familiar problem encountered by all clinicians. Gagging can result from various dental procedures, but more commonly when taking intraoral radiographs and impressions. This often makes supposedly straightforward procedures become challenging or even impossible to perform. Therefore, it is unsurprising that patients who suffer with severe gag reflex tend to avoid dental care as much as possible, making them more susceptible to oral health issues.

Numerous pharmacological and non-pharmacological interventions have been suggested for the management of gag reflex, such as use of topical, local and general anaesthetic, sedation, acupuncture, anti-emetics and behavioural therapies.¹ Whilst some may be aware of the use of salt as a distraction technique, this remains underrated with limited research evidence. However, based on studies and personal experience, placing a tiny amount of salt on a patient's tongue before taking a radiograph or impression may reduce

the severity of gag reflex and often make these procedures tolerable.^{2,3} It has been suggested that when salt stimulates our taste buds, this activates the chorda tympani nerve which in turn results in inhibition of gag reflex.³ This trick has been personally advocated on both paediatric and adult patients and has been well received. Apart from the use of salt during procedures as mentioned above, it has also been used during placement of separators and preformed metal crowns on a gagging child. Paediatric patients seem to get particularly excited when being told they would get some salty chip sprinkles!

It is very interesting as to whether this technique works due to the possibly plausible scientific explanation, or is it the psychology of giving patients hope with a 'new trick' which would help them. Either way, it is simple, cheap and definitely worth a try!

P. Loo, Liverpool, UK

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BDJ covers

Sticky problem

Sir, may I plead with you to stop using that awful glue to stick adverts to the front of my copy of the *BDJ*. I can't believe it is good for the environment, it ruins the cover as I remove it and anything that is so advertised is immediately consigned to the bin.

D. King, Macclesfield, UK

The Editor-in-Chief responds: I thank Dr King for his letter and comments. The 'tip on' cards provide the journal with a valuable source of advertising revenue and generate a considerable amount of positive responses to the relevant advertisers – hence their continuing presence. Our production department have committed to trialling different types of glue to minimise tears to the front cover but also suggest that the colder weather may affect the brittleness of the glue at this time of year.

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