

West Wales at the extremely well-equipped Skills Room at the Morriston Hospital Education Centre, it is rare for me to come across evidence of much previous instruction or ability in this respect. Have we perhaps other priorities now for our undergraduates and their close support dental nurses, above the streamlining and more comfortable delivery of the experience for our patients on the receiving end of invasive processes?

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Artificial intelligence

A brief tutorial on generative AI

Sir, Dorri¹ and Rai² *et al.* mentioned generative AI. However, new technologies are frequently presented to us without any instruction or educational structure for their appropriate use.³ There are three generative AI systems via web browser that are free of charge.

The followings are three access links:

- ChatGPT-3 via any browser: <https://chat.openai.com/>
- Bing.com via Edge browser with ChatGPT-4: <https://bing.com/chat>
- Bard via any browser: <https://bard.google.com>.

Free ChatGPT is based on ChatGPT-3, which is not trained as well as the latest ChatGPT-4. ChatGPT-4 was trained until October 2021 and free ChatGPT-4 is available at Microsoft's Bing.com via Edge browser. Due to the use of pseudorandom numbers in generative AI, users should choose the 'more precise' mode when having a conversation with Bing.com with ChatGPT-4. Even with the more precise mode, the same query may not produce the same solution or answer. Google's Bard will generate several drafts to accommodate the randomness to be chosen by users.

Generally, users need three skills when interacting with generative AI: language skills to use the right words and phrases to identify the goal and subgoals; verification skills to (re)examine the generated solutions and validate them; and design skills to

navigate the generative AI towards the goal. To avoid errors and incorrect solutions or answers from generative AI, users must have these skills to reduce unnecessary conversations.

Users are allowed to use search options including site command such as 'site:nih.gov', phrase command such as 'red tape', date command such as 'after:2019-4-30' or 'before: 2024', other commands with Bing.com. Users must be aware that generative AI may provide incorrect information due to a lack of training on certain subjects.

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References

1. Dorri M. AI and clinical decision making. *Br Dent J* 2023; **234**: 711.
2. Rai A, Sybil D, Shrivastava P. AI and clinicians. *Br Dent J* 2023; **234**: 711–712.
3. Stokel-Walker C. AI chatbots are coming to search engines – can you trust the results? *Nature* 2023; doi: [10.1038/d41586-023-00423-4](https://doi.org/10.1038/d41586-023-00423-4).

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Special care dentistry

Courses for carers needed

Sir, I have worked for most of my career as a specialty dentist as part of a special care dental team, which experience has taught me to be innovative with my treatment approach, to improvise and to be imaginative when it comes to providing dental treatment for this cohort of patients.

Despite this, I recently sat on one of the follow-up clinics scratching my head to try and answer a question raised by one of the relatives caring for a mother with advanced dementia 'is there any course that I can attend to learn how to provide oral hygiene better?' Do readers know of any oral hygiene courses available to carers that come from a general public background and who wish to care for their loved ones in a time of need?

Taking into account the greater use of online resources for education during the pandemic, I believe there is some room for development for an easily accessible education tool that provides such information. This might include some positioning and head support tips,

information on the use of fluoride and why it is important, and introduction to a variety of dental products that can be helpful when caring for someone else's teeth. If anyone can help please do get in touch: yuliya.sharkouskaya@gmail.com.

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Sleep apnoea

Mouth taping

Sir, I read with interest the article 'How can general practitioners help in the management of sleep apnoea?' by D. Parmenter and B. J. Millar.¹ It would be worth mentioning that there is an emerging trend of patients taping their mouths closed whilst sleeping, in an attempt to manage symptoms of obstructive sleep apnoea (OSA).

'Mouth taping' involves the placement of sticky tape over the mouth whilst sleeping in order to encourage breathing through the nasal cavity and avoid open mouth breathing. The anecdotal benefits of this practice include reducing snoring, bruxism, and halitosis – as well as improving quality of sleep.

While studies do exist that support these claims,^{2,3} they are limited and it has been suggested that this practice is dangerous and could potentially worsen symptoms of OSA.⁴ It is clear that more research and guidance is needed in order to properly inform patients who intend to carry out mouth taping to reduce snoring and manage OSA.

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References

1. Parmenter D, Millar B J. How can general dental practitioners help in the management of sleep apnoea? *Br Dent J* 2023; **234**: 505–509.
2. Lee Y C, Lu C T, Cheng W N, Li H Y. The impact of mouth-taping in mouth-breathers with mild obstructive sleep apnoea: a preliminary study. *Healthcare (Basel)* 2022; doi: [10.3390/healthcare10091755](https://doi.org/10.3390/healthcare10091755).
3. Huang T W, Young T H. Novel porous oral patches for patients with mild obstructive sleep apnoea and mouth breathing: a pilot study. *Otolaryngol Head Neck Surg* 2015; **152**: 369–373.
4. Jau J Y, Kuo T B J, Li L P H *et al.* Mouth puffing phenomena of patients with obstructive sleep apnoea when mouth-taped: device's efficacy confirmed with physical video observation. *Sleep Breath* 2023; **27**: 153–164.

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