

Dr. Jeffrey McBride's Story

Provider, Researcher

“Policymakers and regulators should recognize that eczema is potentially even more complex than other dermatologic conditions, such as psoriasis, and that patients aren't all the same. You might have a treatment that's effective for one group but not another. Developing a better understanding of how eczema affects different populations is essential, as well as allocating more basic and translational research funding to develop eczema treatments. This will facilitate more new drug applications to the FDA.”

- Jeffrey McBride, MD, PhD

Jeffrey McBride, MD, PhD, is a dermatologist and dermatopathologist and serves as Director of Dermatopathology at the University of Oklahoma College of Medicine (OU Health). He currently splits his days between seeing patients in his clinic in the morning and reviewing slides with samples of skin, hair, and nails under a microscope in the dermatopathology lab in the afternoon. While his current funded research focuses on cutaneous melanoma, he has interests in exploring the various causes of atopic dermatitis, including the molecular underpinnings of eczema and the genetic predisposition to the disease. He believes high-yield areas of research will also include studying the mutations and dysfunctions in structural proteins (such as filaggrin) that result in impaired skin barrier. Additionally, understanding immune system dysfunction and the role of the microbiome will lead to highly impactful new treatments for eczema.

Dr. McBride believes we need to take a more individualized approach to eczema patients, particularly those not responding to existing therapies. He is interested in conducting small-scale studies on sub-populations to understand who benefits most from which treatments and why and how the mind-body connection plays out in the mental health experiences of eczema patients across diverse populations. Too often, he points out, mental health takes a backseat during doctor and clinical visits, even though it is a well-established comorbidity. Doctors don't ask their patients about mental health enough (or at all) during routine visits. And even though many patients want to discuss what they are experiencing, the pressure of the "mental timer" in the clinic (where perhaps the provider or the patients feel rushed to convey information) keeps conversations focused on physical impacts rather than depression or anxiety. This is something he thinks dermatologists can change if we work to create better, clearer standards for how to engage with eczema patients in routine visits that include asking standard mental health questions. Additionally, creating opportunities for eczema patients to connect with providers and other families outside the clinic will be crucial.

Dr. McBride believes we are on the path to discovering new and better therapies. But without continued funding for research and continued efforts by clinical scientists to uncover the differences in how eczema therapies affect diverse populations, we won't get there as quickly as we need to.